



Barn Address: 6400 SW Martin Highway • Palm City, FL • 34990

Mailing Address: P.O. Box 1199 • Palm City, FL • 34991

772-220-0150 • eraf2000@gmail.com

www.ERAF.org

ADOPTION APPLICATION

Thank you for your interest in adopting a horse from the Equine Rescue and Adoption Foundation, Inc. (ERAF). Please complete this application and return it to ERAF for consideration.

Via email: eraf.adoptions@gmail.com. Via mail: P.O. Box 1199, Palm City, FL 34991.

We appreciate your support!

Adopter must be 18 years or older and have no past, current or pending criminal charges or convictions of any animal welfare law, ordinance or regulations. A parent or guardian must adopt an animal for a child under 18.

You will find at the end of this document, for your review, a page with our Terms and Conditions for adoption. You will need to agree to and sign at the time of adoption. Please review it before you submit your application.

PLEASE PRINT CLEARLY OR TYPE

Applicant's Last Name:		First Name:		Middle Initial:
Street Address or P.O. Box: <i>(P.O. Box Address requires physical facility address on page 2)</i>		City:		Zip Code:
		State:		
Home Phone: <i>(Include Area Code)</i>	Alternate Phone: <i>(Include Area Code)</i>		Email Address:	

Personal References: (please include at least one equine related reference if possible)

#1 Name: _____ Relationship: _____

Phone Number: _____

#2 Name: _____ Relationship: _____

Phone Number: _____

#3 Name: _____ Relationship: _____

Phone Number: _____

Question 1: Horse Preferences

Gender: Mare Gelding No Preference

Level: Un-started Started Under Saddle Green Trained Companion Only

Age Preference: Under 1 Year 1-5 6-10 11 or older Custom: _____

Height Preference: Under 14.2(Pony) Over 14.2(Horse) Custom: _____

Use of horse: Check all that apply

English Hunter/jumper Dressage Eventing Western Pleasure
Reining Cutting Ranch Work Trail Endurance Driving
Lessons Competition Companion Only

Do you own other horses? Yes No

If yes, please describe Name/Age/Attitude on a scale of 1-10 (*1 being easy going and 10 being dangerous*)

If yes, please indicate if your current horses are up to date on Vaccines, Coggins and if you can provide documentation.

The following horse(s) on ERAF property that applicant is interested in adopting:

Question 2: Rider Information (if applicable):

If riding, on average how many days per week will this horse be ridden/driven? _____

Horse Handling Experience: Beginner Intermediate Advanced

Riding Experience: Beginner Intermediate Advanced

Style of Riding (circle all that apply):

English Hunter/jumper Dressage Eventing Western Pleasure Reining Cutting Ranch Work
Trail Endurance Other: _____

Are you currently taking any kind of lessons? Yes No

How often do you take lessons? _____

Question 3: Property/Transportation Details:

Will your horse be boarded or on your own property? _____

If boarded, fill out the following.

Stable Name: _____ Stable Owner's Name: _____

Address: _____
Street City State Zip

Home #: _____ Work #: _____ Cell #: _____

Shelter:

Will this horse have shelter: Yes No Approximate Size: _____

Materials Used: _____

Pasture:

Type of Fencing: _____ Approximate Size of Pasture: _____

How many hours per day will your new horse be turned out? _____

Planned Feed Program:

Type of Hay: _____ How often: _____

Supplemental Grain/Concentrate: _____ How often: _____

Water:

Source of Water: Well City Other: _____

Do you own a trailer or have access to a trailer to pick up equine should you decide to adopt?

YES NO

If yes, please provide trailer details:

Brand Name/Manufacture Year (if known): _____

Type: Stock Slant-load Straight-load Other: _____

Trailer height (ft): _____

Style: Ramp or Step up

Question 4: Medical Information:

If you have owned a horse past or present, please fill out the following. If not, disregard.

Veterinarian:

Vet Office: _____ Vet Name: _____

Office #: _____ Cell #: _____

Address: _____
Street City State Zip

Farrier:

Farrier Name: _____

Office #: _____ Cell #: _____

Address: _____
Street City State Zip

Equine Dentist:

Dentist Office: _____ Dentist Name: _____

Office #: _____ Cell #: _____

Address: _____
Street City State Zip

Signature of Applicant:

Signature: _____ Date: _____

Print Name: _____

Please read the terms and conditions that will be part of the final adoption agreement.

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TERMS AND CONDITIONS

ERAF, its past, present, and future officers, directors, agents, and employees shall not be held responsible for any defects and/or illness which the equine may have or may develop or for any damage or injury to any person or property that may be caused by the equine. Adopter agrees to release and indemnify and hold harmless ERAF, its past, present and future officers, directors, agents, and employees from and against any and all liability, claims, suits, actions, judgements, costs, fees, including reasonable attorneys' fees and damages for any damage or injury to any person or property that may be caused by the animal and/or arising out of and/or in connection with the equine.

Adopter agrees to provide equine with a good home and proper treatment and care, including appropriate shelter, food, clean water, and medical attention and shall comply with all federal, state, and local laws and regulations related to the care of the equine. Adopter further agrees to provide equine with safe and adequate shelter, turnout area, adequate and safe fencing, (barbed wire fencing is NOT acceptable) and appropriate and regular exercise.

Adopter shall be solely responsible for all costs and expenses related to delivery of the adopted horse to Adopter. ERAF, may, in its discretion, deliver the adopted horse to Adopter, provided Adopter is located within a reasonable distance from ERAF. Adopter agrees to pay ERAF a prior agreed upon fee for such delivery.

If the equine is returned to ERAF for any reason **within thirty days from the date of receipt of the adopted horse, ERAF will fully refund the initial adoption fee to Adopter. The fee will be refunded only if the adopted horse is returned in the same physical condition it was in when adopted, which determination shall be made by ERAF in its discretion.**

Adopter will receive with the adopted horse any known medical history, the current feeding schedule and instructions, and any additional notes on care, training, or riding. Adopter understands that ERAF receives horses from many different sources, including stray animals, animals recovered from cruelty cases, and relinquishments from prior homes. While we at ERAF try our very best to get to know the animals under our care and predict the way they will adjust in a new home under various circumstances, it is impossible to predict any animal's behavior with certainty.

ERAF understands that not all adoptions may be successful through no fault of the Adopter or equine. **Should the Adopter be unable to keep equine please contact ERAF.** We will do our best to supply Adopter with support to keep equine in the Adopter's home. **We always welcome back any equine which is adopted from us, at any time, no questions asked.** IF ADOPTER DECIDES TO REHOME EQUINE, ADOPTER SHOULD PLEASE NOTIFY ERAF, SO SUPPORT CAN CONTINUE TO BE PROVIDED TO THE EQUINE.

Any individual or organization in possession of the equine as of the date of the agreement and any time thereafter is bound to not sell the equine at auction for slaughter or allow the equine to be sold, transferred, released, or otherwise placed into possession of any person or organization that will cause or allow the equine to be sold at auction for slaughter.

Adopter fully understands that ERAF will be in contact from time to time to provide support, if needed, and to check on the progress of the equine. Adopter is encouraged to reach out with any questions or just to share how the equine is doing. (We enjoy receiving pictures!)

Adopter agrees that ERAF may use or authorize the use of photographs or video of the equine in any way it deems appropriate to support its mission, including, but not limited to, fundraising purposes.

If any term or condition of this agreement is found by an arbitral panel or arbitrator, tribunal, or court of competent jurisdiction to be invalid or unenforceable, it shall be excised without effect on this agreement's remaining terms and conditions. The rights and obligations of the parties under this agreement are not assignable except by the written consent thereto of both parties. This agreement constitutes the entire agreement between the parties. All prior negotiations and discussions are merged into this agreement. There are no understandings or agreements between the parties other than those incorporated herein.

UNDER NO CIRCUMSTANCES SHALL ADOPTER ABANDON THE EQUINE, BREED THE EQUINE, USE THE EQUINE FOR THE PURPOSE OF RACING, OR SELL OR TRANSFER THE EQUINE FOR PURPOSES OF SLAUGHTER. ADDITIONALLY, THE ADOPTER SHALL NOT ALLOW THE EQUINE TO BE USED FOR PURPOSES OF VIVISECTION OR EXPERIMENTATION.

A non-profit 501 (c)3 organization. Pursuant to the requirements of Florida Statute 496.111, the following information is provided: A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling 1-800-435-7352 within the State of Florida. Registration does not imply endorsement, approval or recommendation by the State of Florida. Our registration number with the FL Dept. of Agriculture is SC-12409. 100% of all contributions received goes to the Found

(Below is for official ERAF personnel use only)

Adoption Committee Consultant;

The following applicant is approved for the adoption of the following horse(s) that were inquired about:

The following applicant is approved for the following:

Gender: Mare Gelding

Level: Un-started Started Under Saddle Green Trained Companion Only

Age Preference: Under 1 Year 1-5 6-10 11 or older Custom: _____

Notes:

Reference Notes:

#1 _____

#2 _____

Additional Comments: _____

ERAF Adoption Committee Consultant

ERAF Adoption Committee Chair

Date

Reviewed with Equine Manager

Date:

ERAF Equine Manager

ERAF Equine Manager

Date