

Adoption Application



Curly Horse Rescue, Inc.

A 501c(3) Vermont Corporation

910 US Route 2
Marshfield, VT 05658
www.curlyrescue.com



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ADOPTION APPLICATION

Applicant must be 18 years of age or older. If applicant is under the age of 21, parent or guardian will be required to sign. If another party will be financially responsible for the care of the adopted horse, the financial party will be required to Co-sign.

Date: _____

Full Name: _____

Date of Birth: _____

Physical Address: _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Other _____

E-mail address _____

Please answer the following questions completely. Please check all that apply. If more space is required please attach a separate piece of paper. Return completed application with an original signature to:

**Curly Horse Rescue, Inc.
910 US Route 2
Marshfield, VT 05658.**

5. In the event the adopted horse has behavioral issues:

- I am experienced and intend to train the equine.
- I will to hire my own trainer to retrain the equine.
- I would like to hire a trainer, but do not know of any.

6. Please list any/all other equines and/or animals/pets you now have, the type, their names and their ages, and how long they have been with you:

Type of Animal	Age	Name	How Long has this animal been with you?

7. Will this horse be provided with an equine companion?

- Yes No

If yes, how many?

Number of companions: _____

8. What Shelter will be provided for the equine?

- Barn , give stall size _____
- Run-In Shed, give shed dimensions _____

How many horses will rely on this shed for shelter?

Number of horses: _____

9. What type of fencing encloses the turn-out area(s)?

Turn Out Area	Fencing

10. How large is/are the turn-out area(s)?

Turn Out Area	Size

11. How many horses will be turned out in this area? _____

12. How long will the equine be turned out each day?

13. Feeding Schedule: Please complete all information:

What type of Hay	
Quantity/Frequency	
Describe Storage	
What type of Grain	
Quantity/Frequency	
Describe Storage	

14. How will clean water be provided?

15. Describe the maintenance program and schedule you will implement to care for the equine:

Worming/Parasite Control	
Farrier/Hoof Trimming/Shoeing	
Dental/Float Teeth	
Shots/Immunizations	

Curly Horse Rescue, Inc. requests pictures of the shelter and turn-out area where you intend to board/keep the equine. Curly Horse Rescue, Inc. also appreciates pictures of any animals you own now. These pictures can be sent to us via e-mail or you may send them through the postal service. The pictures will be returned promptly if you include a self-addressed envelope.

Thank you for your interest, and please stay in contact with us by phone, email or letter to be up to date on the approval of your application.

Please complete the reference page (page 8)

APPLICANT REFERENCES (please do not use immediate spouses, significant others or any family members) please specify relationship such as professional or personal for general references and how long you have known each other.

Veterinarian:

Name: _____

Address: _____

Phone: _____

How long have you used this vet?

Farrier:

Name: _____

Address: _____

Phone: _____

How long have you used this farrier?

General:

Name: _____

Address: _____

Phone: _____

Relationship? _____

General:

Name: _____

Address: _____

Phone: _____

Relationship? _____

General:

Name: _____

Address: _____

Phone: _____

Relationship? _____

General:

Name: _____

Address: _____

Phone: _____

Relationship? _____

General:

Name: _____

Address: _____

Phone: _____

Relationship? _____

General:

Name: _____

Address: _____

Phone: _____

Relationship? _____

Secondary Contact Information: Please provide us with alternate phone numbers/e-mail addresses and any other way we can get in contact with you if we cannot get in touch with you by way of your primary contact information.

Cell phone: _____ Pager: _____

Alt. e-mail: _____

Other: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Relationship? _____

Relationship? _____

Emergency Contacts: Please fill in names and address of someone we can contact if you are unavailable:

Emergency Contact:

Emergency Contact:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Relationship? _____

Relationship? _____

Note: Applicant must be 18 years of age or older. If applicant is under the age of 21, parent or guardian will be required to sign. If another party will be financially responsible for the care of the adopted horse, the financial party will be required to Co-sign.

Applicant (Print name)

Applicant (Signature)

Date

Financial Party Responsible for the Care of the Horse (Print Name)

Financial Party Responsible for the Care of the Horse (Signature)

(Witness if Required)

Date

- 1) **Provision of Photos:** The Applicant understands that it will be a requirement of this contract that the Curly Horse Rescue, Inc. (hereinafter “CHR”) be provided with photos of the placed equine(s) taken on or near the yearly anniversary of the placement. Photos will also be required prior to permanent custody being granted.
- 2) **Responsibility:** The Applicant understands that upon their acceptance of the equine that they will bear the complete responsibility for any and all care of the animal.
- 3) **Trial Period:** The parties agree that the transfer shall be subject to a six (6) months trial period. If during the trial period either party has material reasons to end this agreement to adopt, such party may notify the other party in writing of its intention to rescind from this agreement and to return the Horse to CHR. Provided that the Horse is returned in good medical condition, the adoption donation (minus any costs that CHR incurred in connection with the adoption such as transportation costs, vet check etc) shall be refunded to the Adopter.
- 4) **Probationary Period:** It is also understood that the equine will remain the sole property of the CHR for the one year probationary period.
- 5) **Custody:** After the one year probationary period has expired, the Applicant may be granted full ownership and permanent custody of the equine. This will be at the discretion of the CHR.

- 6) **Title:** Title may be transferred to the applicant at the time custody is granted, which is at the end of the one year probationary period. This will be at the discretion of the CHR. Certificate of Registration, if available, may be transferred at this time as well.
- 7) **Right to Sell:** When full custody is granted, the Applicant will have sole rights to the equine including the right to sell the animal.
- 8) **Right to Breed:** After the probationary period, when transfer of ownership is completed, the Applicant will have full rights and responsibilities to breed the equine, provided the animal has been approved for breeding. With respect to mares, the CHR makes NO WARRANTIES NOR GUARANTEES that the placed animal is capable of conceiving nor maintaining a pregnancy, nor giving birth to a live foal. With respect to stallions, the CHR makes NO WARRANTIES NOR GUARANTEES as to the fertility of the horse. Any and all required veterinary requirements are to be the sole responsibility of the Applicant.
- 9) **Non-Breeding Clause:** For animals that ARE NOT approved for breeding, the Applicant understands that any offspring from the placed animal will not be eligible for registration with the ICHO. In the event that an animal is bred and it has been deemed unfit for reproduction by the CHR, that animal will be subject to immediate repossession by the CHR.
- 10) **Insurance:** The Applicant will carry liability insurance on the placed animal – this will cover any and all persons who may come into contact with the equine – contact by either choice or by accident. Proof of this insurance will be required by the CHR prior to the placement of the animal.

Approval Status:

Today's Date: _____

<i>For Office Use Only</i>	
Equine:	
Name and ID number:	
Applicant Name:	
CHRA ID number:	
Date of Placement:	
Approved for Breeding?	