



Name of Horse you are interested in adopting: \_\_\_\_\_

**Contact Information**

Name (first and last): \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Home address: \_\_\_\_\_ Apt. \_\_\_\_\_

City and State \_\_\_\_\_ Zip: \_\_\_\_\_

California Drivers License Number: \_\_\_\_\_

**Horse Ownership Information**

1. Have you ever owned a horse?  Yes  No

a) If you have horses now, how many do you have? \_\_\_\_\_

Comments

Age	Sex

2. Where will the horse(s) be kept? \_\_\_\_\_

3. If on your property, do you:

Rent  Own  Live with a roommate  Live with Parent/Guardian

If you are not owner, please provide landlord, roommate, or parent name and phone number:

\_\_\_\_\_

4. What size is the property? \_\_\_\_\_

5. What type of fencing and corrals do you have for horses? \_\_\_\_\_

6. Do you have any inside facilities to house horses? \_\_\_\_\_

7. What do you feed your horses, or if this your first horse, what would you feed it? \_\_\_\_\_

\_\_\_\_\_

8. What is your experience with caring for horses? \_\_\_\_\_

\_\_\_\_\_

9. Do you plan on selling this horse that you are adopting?  Yes  No

10. Please provide the name and phone number to your large animal veterinarian:

\_\_\_\_\_

11. Would you object to an inspection of your facilities prior to the adoption of this horse?  Yes  No

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DEPARTMENT USE ONLY:**  Approved  Disapproved By: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_