



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: _____
