



Office Use Only
Date Received:
Name of Horse:
Amount paid:
Received by:

## EQUINE ADOPTION APPLICATION

**Applicant Information:** (all applicants must be 18 years of age or older):

Name (first, middle, last)	
Address	
City, State, Zip Code, County	
Home Phone	Work Phone
Cell Phone	Email address
Alternate phone	CDL#

The \$35 application processing fee is non-refundable. ResQue Ranch is a 501(c)(3) non-profit organization, contributions are fully tax deductible to the extent allowed by law. Please make check payable to: Horse ResQue and mail to 3750 Sports Arena Blvd., Ste. 6, San Diego, CA 92110. Your cancelled check is your receipt. Or you may pay with a credit card on our website: [www.resqueranch.org](http://www.resqueranch.org).

Adoption fees/donations help defray the costs of services pertaining to the adoption process and are non-refundable.

How did you hear about ResQue Ranch? \_\_\_\_\_

**Equine Experience:**

How many horses do you currently have?
Date of last vaccinations for your horse(s):
Vaccines received:
Date of last de-worming:
What products were used?

If you do not currently own a horse(s), have you previously owned any and if so, for how long?  
\_\_\_\_\_

In the past five years have you have you given away or sold any horses? If yes, please explain,  
\_\_\_\_\_  
\_\_\_\_\_

In the past five years have you had any horse(s) pass away while in your care? If yes, please explain, \_\_\_\_\_  
\_\_\_\_\_

Please describe you experience with horses, handling, caring for, riding, and/or training, etc.:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your adopted horse reside at the address stated on page 1?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please provide the following information:

ResQue Ranch, tax identification #47-2418020, is a 501(c)(3) non-profit organization.  
All donations are tax deductible to the fullest extent allowable by law.

*3750 Sports Arena Blvd. #6, San Diego, CA 92110*  
[www.resqueranch.org](http://www.resqueranch.org)

<b>Facility Name</b>	
<b>Facility Address</b>	<b>City, State, Zip Code</b>
<b>Contact Person</b>	<b>Facility Phone #</b>

**Facility Information:**

If your adopted horse will be kept in a barn, please answer the following questions:

Stall size	How often and how many hours will the adopted horse be turned out?
------------	--

If your adopted horse will not be kept in a barn, please answer the following questions:

Size turnout area	How many other horses are in the same area?
Describe the type and size of shelter in paddock/pasture:	
Describe the type of fencing surrounding the paddock/pasture:	

**Equine Care and Responsibility:**

Who will be feeding the adopted horse?
Does this person have experience with horses?
How often do you plan on feeding the adopted horse?
How often do you plan on de-worming the adopted equine?
What type of de-worming products do you plan to use?
Please provide your farrier's name and phone number
How often do you plan on having a farrier trim and/or shoe the adopted horse?
How often do you plan on taking the adopted horse to visit a veterinarian?

ResQue Ranch, tax identification #47-2418020, is a 501(c)(3) non-profit organization.  
All donations are tax deductible to the fullest extent allowable by law.

*3750 Sports Arena Blvd. #6, San Diego, CA 92110*

[www.resqueranch.org](http://www.resqueranch.org)

**Emergency Contacts:**

Please list a minimum of two contacts who live nearby that RR can reach in the event of an emergency in your absence. These individuals must be willing to allow a RR representative to inspect the facility and/or condition of the adopted horse.

Contact (relationship to applicant):	
Address:	Phone: Alternate Phone:
Contact (relationship to applicant):	
Address:	Phone: Alternate Phone:

**Adoption Information:**

Please list the name(s) of the horse(s) you are interested in adopting, in order of preference:

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

How do you plan to use the adopted horse?	
How much time per week do you plan on spending with the adopted horse?	
If the horse is rideable, how often each week and for how long do you plan on riding?	
Please list each person's name, age, and riding level (1 = no experience to 10 = very experienced) of every person that will b riding the adopted horse:	
<b>Name:</b>	<b>Level:</b>

ResQue Ranch, tax identification #47-2418020, is a 501(c)(3) non-profit organization.  
All donations are tax deductible to the fullest extent allowable by law.

**References:**

Please provide the name and contact information for your current veterinarian or the veterinarian you plan to use for your adopted horse. Also, please provide two references (other than family members) who can verify your ability to provide proper care for the adopted horse.

<b>Veterinarian</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Name</b> (personal reference 1)	<b>Phone Number</b>
<b>Address</b>	<b>City, State, Zip Code</b>
<b>Name</b> (personal reference 2)	<b>Phone Number</b>
<b>Address</b>	<b>City, State, Zip Code</b>

By signing this adoption application, I declare that I am 18 years of age or older and that all of the information submitted is the truth to the best of my knowledge, and if found to be fraudulent, I will be denied approval of adoption and could be held liable for any damages incurred by ResQue Ranch. I, the Adopter, agree that ResQue Ranch has permission to contact anyone named in this application as well as to conduct a general background check on me and my spouse (if applicable). I understand I will be notified within seven (7) days if my application has been approved and, at that time, a site visit will be scheduled. ***An application does not become fully approved until a site visit has been conducted by a ResQue Ranch representative and is found to conform to ResQue Ranch's guidelines for safe horse keeping.***

---

 Signature of Adopter

---

 Date

Please also provide a copy of your valid CA ID or Driver License with this application.