



EQUINE ADOPTION APPLICATION

People/Animal Companion Profile

Welcome to the Whatcom Humane Society! This application is designed to help us help you make the best possible choice: the right home for each animal and the right animal for your home.

Please reply to the following question carefully and completely. PLEASE PRINT

Household Information

Name: _____ Email _____

Street Address: _____ City _____ Zip _____

Mailing Address: (if different) _____ City _____ Zip _____

Home Phone: (____) _____ Alternate Phone: (____) _____

Length of time at address: _____ Others living in household (include ages of children): _____

Horse Ownership History

Do you currently own horses? (list below)

Breed _____
Age _____
Male <input type="checkbox"/> Female <input type="checkbox"/>
Is your horse gelded?
Yes <input type="checkbox"/> No <input type="checkbox"/>
Where is your horse kept:
Boarded <input type="checkbox"/> On home site <input type="checkbox"/>
How long have you had this horse? _____

Breed _____
Age _____
Male <input type="checkbox"/> Female <input type="checkbox"/>
Is your horse gelded?
Yes <input type="checkbox"/> No <input type="checkbox"/>
Where is your horse kept:
Boarded <input type="checkbox"/> On home site <input type="checkbox"/>
How long have you had this horse? _____

Breed _____
Age _____
Male <input type="checkbox"/> Female <input type="checkbox"/>
Is your horse gelded?
Yes <input type="checkbox"/> No <input type="checkbox"/>
Where is your horse kept:
Boarded <input type="checkbox"/> On home site <input type="checkbox"/>
How long have you had this horse? _____

What vaccinations (shots) have your current animals had in the past year? _____

What horses have you owned in the past? (list below)

Breed _____
Age _____
Male <input type="checkbox"/> Female <input type="checkbox"/>
Was your horse gelded?
Yes <input type="checkbox"/> No <input type="checkbox"/>
Where was your horse kept:
Boarded <input type="checkbox"/> On home site <input type="checkbox"/>
How long did you have this horse? _____

Breed _____
Age _____
Male <input type="checkbox"/> Female <input type="checkbox"/>
Was your horse gelded?
Yes <input type="checkbox"/> No <input type="checkbox"/>
Where was your horse kept:
Boarded <input type="checkbox"/> On home site <input type="checkbox"/>
How long did you have this horse? _____

Breed _____
Age _____
Male <input type="checkbox"/> Female <input type="checkbox"/>
Was your horse gelded?
Yes <input type="checkbox"/> No <input type="checkbox"/>
Where was your horse kept:
Boarded <input type="checkbox"/> On home site <input type="checkbox"/>
How long did you have this horse? _____

What breed or temperament of horse(s) are you interested in? _____

Why are you interested in adopting? (companion for other horse, pet for child, etc.) _____

Describe where the horse will be kept: (including indoor/outdoor facilities, fencing, etc.) _____

Describe your level of experience with horses: _____

Do you currently have a veterinarian? (If so, please provide their information) _____

References:

Name: _____
Occupation: _____ Years known: _____
Relationship to potential adopter: _____ Phone #: _____
Notes: _____

Name: _____
Occupation: _____ Years known: _____
Relationship to potential adopter: _____ Phone #: _____
Notes: _____

For Staff Use Only

Person # _____ Animal # _____

Microchip# _____

The best match would be: _____

Is there a file in Petpoint? Yes No _____

If yes, has this been reviewed with PA? Yes No

Comments: _____

I have reviewed the following horse-related issues with the potential adopter:

Fencing Veterinary care Handling

Horse to horse introductions Diet & exercise Equipment

Comments: _____

Adoption counselor reviewing application: _____ Date _____

Adoption finalized: Yes No If no, why not? _____