



Rough Start Horse Rescue

Adoption Application

Adopter: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Cell Phone(s): _____

Email: _____ How did you hear of us? _____

Employer: _____ Job Title: _____

Length of employment: _____ Work Phone: _____

Equines Name: _____ Adoption Fee: _____

Equines Description: _____

References:

Please list any available references with whom you've used or known the longest:

Veterinarian: _____ Phone Number: _____

Farrier: _____ Phone Number: _____

Boarding Stable: _____ Phone Number: _____

Trainer: _____ Phone Number: _____

Personal: _____ Phone Number: _____

Present Care Providers: *(Please list the team you plan to use from today forward in the care of this equine):*

Location you plan to keep this equine (name, location, & phone number): _____

Veterinarian: _____ Phone Number: _____

Farrier: _____ Phone Number: _____

Trainer: _____ Phone Number: _____