

HorseSisters & Associates, Inc.

124 S. Park Ave. Titusville, Florida 32796 321.267.2929 www.horsesisters.org
A 501 (c) (3) Non-Profit Charitable Organization help@horsesisters.org

Adoption & Foster Home Application

Name: _____

Please print

Street Address: _____

City/County/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Website: _____

Vet's Name: _____ Phone: _____

Farrier's Name: _____ Phone: _____

Trainer's Name: _____ Phone: _____

Please answer the following questions based on the best of your knowledge and with all honesty.

Tell us why you want this horse: _____

Do you Own _____ Rent _____ live with someone _____? If you have a lease, please provide a copy. Landlord's Name: _____

Phone: _____ Number of acres: _____

If you are not keeping the horse on your own or leased property -

Boarding Stable Name: _____

Name of owner: _____ Phone: _____

Have you ever been responsible for the care of a horse/pony before? _____

If so, how long ago and under what circumstances? _____

Do you have a horse now? _____ Describe breed and sex of other horses:

Total number of horses on property: _____

Descriptions: _____

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If you have owned horses previously, please explain what happened to them:

Have you sold any horses in the past 5 years? _____

If yes, why were they sold? _____

What type animal companion(s) will this horse have? _____

Describe the shelter the horse will have: _____

Barn size: _____ **Stall size:** _____

What type of fencing encloses the turnout areas? Please include the size.

Describe your level of expertise in the following areas:

Riding: _____

Handling: _____

Training: _____

Working with young/untrained horses: _____

Who will be responsible for the horses?:

Feeding: _____ **Age:** ____ **Years of Experience:** _____

Training: _____ **Age:** ____ **Years of Experience:** _____

General Care: _____ **Age:** ____ **Years of Experience:** _____

Who will care for your horse(s) when you go out of town?: _____

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How much do you anticipate spending yearly for: Feed _____ Hay _____

Veterinary Care _____ Farrier _____ Board _____

If you move in the future, what do you plan to do with the horse? _____

Height and weight of person/people who will be riding: _____

How long will the horse be turned out each day? _____

What type and amounts of hay and grain will you provide? _____

How is your feed/hay stored? _____

How much water will your horse need daily? _____

How often will you have the farrier trim/shoe? _____

How often will you have the teeth examined/treated? _____

What type of vaccinations should a horse receive and when? _____

List the signs of colic and what you would do if you saw them: _____

What would indicate laminitis has set in and what would you do? _____

Please describe in detail what you will be doing with this horse.

What are your long term plans for this horse?

Have you ever been issued a warning/citation or been convicted of humane violations?

_____ If so, please explain: _____

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Please attach a video or photographs of:

The facility the horse will be kept

Turnout area, pastures

Fencing

Water sources

Currently owned horses and dogs

AND CALL 321-267-2929 FOR AN APPOINTMENT – AND BRING WITH YOU:

A copy of last year's tax form and last monthly check stub – these documents WILL NOT be kept OR copied, just verified by a Director or Board Trustee.

When you sign this application, you are indicating that you understand completely that:

- 1) This horse must go to a permanent, family home in Florida.**
- 2) It may not be bred, resold or given away under any circumstances.**
- 3) HorseSisters retains ownership rights to fostered & adopted horses. If after one calendar year you would like to OWN the horse, please apply for ownership by emailing the Charity at help@horsesisters.org and state your intentions.**
- 4) In the event a placement does NOT work, the adopted and/or fostered horse must be returned to HorseSisters.**
- 5) We have the right to visit the horse at any given time.**
- 6) We reserve the right to remove the horse from your/rented property if we feel the horse is not being cared for with sound equine management.**
- 7) We reserve the right to approve or deny a home at our sole discretion.**

I/We certify that all of the information contained herein is correct and true and we understand the requirements completely.

Signature

Date

Signature

Date