



# Humane Society OF HARRISBURG AREA

## Horse Adoption Application

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### PERSONAL INFORMATION

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Date of Birth (day/month/year): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

*Please note in order to be considered an Adopter, you must be at least 18 years of age*

Place of Employment: \_\_\_\_\_ How long: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

If unemployed or a student, please list source(s) of income: \_\_\_\_\_

Please list any other persons residing in your home, their ages, and their relation to you:

Name	Relation	Age

Have you or a member of your family ever been charged with and/or convicted of Animal Cruelty?    Yes    No

Please circle type of housing you reside in:    House    Apartment    Condo    Mobile Home    Duplex    Other

Do you currently (circle one):    Rent    Own    Live with Relatives

If you rent or live with relatives, and you plan on keeping the horse at your residence, do they approve and/or does your lease allow for equines?    Yes    No

Landlord's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

If you are not planning on keeping your horse at your residence please provide the following information regarding the boarding facility you are using:

Boarding Facility Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Persons Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**ABOUT YOUR PETS**

Is this your first experience owning a horse? Yes No

If No, how long have you owned a horse(s)? \_\_\_\_\_

Please list the animals your currently own:

Name	Breed/Species	Spayed/Neutered/Altered (yes or no)	Age

How many dogs, cats or horses have you owned in the past 5 years? \_\_\_\_\_ dogs \_\_\_\_\_ cats \_\_\_\_\_ horses

If you no longer own these pets, please explain why: \_\_\_\_\_

Please list the name of your current Vet(s) or the Vet Clinic(s) you use for your current and/or previous pets below:

Vet or Clinic's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

Is your name listed as the Primary Owner of the listed pet(s) with the Vet(s) or Clinic's office? Yes No

If you answered no, whose name is listed as the Primary Owner? \_\_\_\_\_

Are your current pets up to date on their vaccinations? Yes No

Have you ever adopted an animal from a shelter before? Yes No Name of shelter: \_\_\_\_\_

Have you ever taken an animal to a shelter before? Yes No Why? \_\_\_\_\_

**ABOUT THIS HORSE**

What type of facility will this horse be housed in? \_\_\_\_\_

What types of fencing are using in the pasture and/or corral area? \_\_\_\_\_

What is the amount of pasture acreage the horse will have access to? \_\_\_\_\_

Will this horse be pastured in a group or alone? \_\_\_\_\_

If in a group, please explain: \_\_\_\_\_

How long each day will this horse have access to pasture: \_\_\_\_\_

If this horse will be kept outside most or all of the time, what type of shelter will this horse have available to use?

\_\_\_\_\_

Will this horse have 24 hour access to clean fresh water?      Yes      No

Will this horse be fed grain in addition to pasture?    Yes      No

Will this animal be fed hay in addition to pasture?    Yes      No

Who will be responsible for the daily care of this horse? \_\_\_\_\_

If you had to move, what would you do with this horse? \_\_\_\_\_

If you had to get rid of this particular horse, what would you do? \_\_\_\_\_

\_\_\_\_\_

Are you willing to properly train this horse if any behavioral problems arise?    Yes      No

Are you financially able to afford proper care for this horse, such as vaccinations, wormer, and medications?    Yes      No

How much do you anticipate spending on this particular horse during the course of one calendar year? \_\_\_\_\_

***I understand that the Humane Society of Harrisburg Area, Inc. is not able to give any guarantees on the health, training, or temperament of this animal and that the adoption fee(s) is not refundable under any circumstances. \_\_\_\_\_ (initial)***

***I understand and accept that authorized Humane Society of Harrisburg Area, Inc. agents sometimes will do follow-up visits to an adopter's home to check on the care the animal is receiving and can remove the animal if unsatisfied with the viewed conditions. \_\_\_\_\_ (initial)***

***Unanswered questions, incomplete answers, and/or false information may result in this animal's Adoption Application being denied. The Humane Society of Harrisburg Area, Inc. reserves the right to refuse adoptions. \_\_\_\_\_ (initial)***

***I/We give permission for the Humane Society of Harrisburg Area, Inc. and/or their agents to verify this information through any available means. \_\_\_\_\_ (initial)***

***Would you object to an authorized agent of the Humane Society of Harrisburg Area, Inc. inspecting the animal(s) and premises where the animal will be kept?    Yes      No***

***I/We certify that the aforementioned information is true and correct to the best of my/our knowledge. \_\_\_\_\_ (initial)***

\_\_\_\_\_

Print Name

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature and Date

\_\_\_\_\_

Signature and Date

\_\_\_\_\_

Witness – Print Name

\_\_\_\_\_

Witness Signature and Date