



**Terolyn Horse Rescue, Inc.**

47200 County Road 29

Elizabeth, CO 80107

**303-243-1147**

PLEASE **DOWNLOAD THIS FORM**  
AND **SAVE** WHEN FILLING IN THE **BLANKS**.  
Or you can **PRINT** it and fill out by hand.

**Equine Adoption Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w)

E-mail \_\_\_\_\_

Equine(s) interested in: \_\_\_\_\_

You must be 18 YEARS OR OLDER to adopt from us. Please answer all the following questions and return to Terolyn Horse Rescue, Inc., address above or email to [terolynhorsescue@gmail.com](mailto:terolynhorsescue@gmail.com).

**Background and Experience**

1. Have you previously owned an equine? If so, when and for how long? If yes, did you board or directly care for your equine? How many horses do you currently own?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What is your level of experience with equines (beginner, intermediate, advanced)? Please describe your experience in detail (i.e. have you taken lessons from a professional trainer; what types of clinics have you participated in, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Would you adopt an equine with physical limitations (i.e. companion only; no jumping; light trail riding)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe the activities you plan with the equine.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What is your riding style (English, Western, other)?

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6. Who will ride the equine (adult, teen, child)? What is their level of experience?

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### **Shelter**

1. Where will you keep the equine (home, boarding facility, other)? Please provide the name, address and contact information for the facility or caretaker.

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2. Will the equine be stalled? If so, what are the stall dimensions, i.e. 12x12, and is daily turnout provided? Please describe the turnout area (acreage), number of equines sharing the area, type of footing, fencing, etc.

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3. If your equine will be primarily in a pasture, what type of shelter is provided? What type of fencing encloses the pasture? What is the acreage of the pasture? How many equines share the pasture? Are other animals sharing the pasture? If so, what kind? Describe forage in pasture (wooded vs. open acreage).

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### **Nutrition**

1. How many times per day will the equine be fed? \_\_\_\_\_

2. What will the feed consist of? \_\_\_\_\_

3. Will pastured equines be separated at feeding times? How will this be accomplished?

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4. Will the equine have access to a constant clean water source? Please describe.

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5. How is pasture management handled? Please describe the grass in the pasture.

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**Maintenance**

1. How often will you vaccinate the equine? What vaccinations will be administered?

\_\_\_\_\_

2. Please describe your worming program.

\_\_\_\_\_

3. How often will you have your equine's teeth floated?

\_\_\_\_\_

4. How often will your equine's hooves be trimmed?

\_\_\_\_\_

5. Do you understand and agree that this equine is not to be used for breeding or slaughter purposes?

\_\_\_\_\_

6. Who do you plan to use as your equine veterinarian?

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

7. Who is your farrier?

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

8. Please provide three professional references (vet, farrier, other stable, trainer) who can verify your ability to provide proper care for the equine. No relatives please.

Name/Relationship/Phone/Email

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please type your name in the box to serve as your electronic signature if you are filling this in online, or if you are mailing a printed copy, please sign.

**I swear that the above information is true and correct.**

\_\_\_\_\_  
Adopter's Signature