



Terolyn Horse Rescue, Inc.
47200 County Line Road
Elizabeth CO 80107
303-243-1147

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

Adoption Application

Name Date

Street Address

City / State / Zip

Home Cell Work

Email

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 terolynhorserescue@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. What will you do if the horse you adopt gets injured or due to their aging requires riding limitations or it's necessary for them to only be a pasture pet?

4. Describe the activities you plan with the equine.

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

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

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.

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.

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?

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

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

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

Form Rev. 08/01/2023