



## Equine Adoption Application

Thank you for your interest in adopting a horse, mule, or other equine from Sanctuary One. Sanctuary One wants to make certain every animal adopted goes to a loving home where the animal will be well cared for. Because of this, the application asks a number of questions which we hope you understand are necessary in our screening process. All information will be kept confidential, and if you have questions, please don't hesitate to call us at 541-899-8627 or send an e-mail to [info@sanctuaryone.org](mailto:info@sanctuaryone.org)

Our goal is to adopt our companion farm animals to people who are committed to lifetime care for the animals they adopt. To help us meet that goal, please answer the questions below to the best of your ability. Your accurate responses will also help us to match you with an equine who meets your needs.

Date \_\_\_\_\_  
Your Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_  
E-mail \_\_\_\_\_  
Your Employer \_\_\_\_\_ Employer phone \_\_\_\_\_

Do you own or rent your home? Own Rent

If you rent, please tell us your landlord's name and phone number:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you zoned for farm animals where you live? Yes No

Please tell us why you would like to adopt an equine from Sanctuary One.

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

If the equine you adopt is rideable, do you agree to provide care for it for the rest of his/her life, even after he/she can no longer be ridden? Yes No

If you are approved for adoption, will this be your first horse? Yes No

Are you willing to have a Sanctuary One representative do a property and facility check? Yes No

Please list all household names and ages:

If your equine should become ill, can you afford veterinary services? \_\_\_\_\_

Your household's annual income range:

\$10,000 – 20,000

\$20,000 – 35,000

\$35,000 – 50,000

Over \$50,000

If you adopt an equine from Sanctuary One, what would your expectations of the equine be?

\_\_\_\_\_

How would you describe your level of experience with horses or other companion farm animals?

Novice Beginner Intermediate Experienced Professional

Please briefly describe your experience

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all companion farm animal (s) you currently have.

\_\_\_\_\_

Explain what style or type of training techniques you prefer.

\_\_\_\_\_

If you have had a horse, mule, or other equine in the past, please tell us what they were used for and why you do not have them now.

\_\_\_\_\_

\_\_\_\_\_

How often do you feel an equine should be wormed? \_\_\_\_\_

How often do you feel an equine's teeth need to be floated? \_\_\_\_\_

How often do you feel an equine's feet should be examined and cared for? \_\_\_\_\_

\_\_\_\_\_

What is your opinion on shoeing an equine? \_\_\_\_\_

Do you have a specific breed preference or type? Yes No

If yes, what is it? \_\_\_\_\_ Preferred age range: \_\_\_\_\_

If you are interested in adopting a pasture pal (i.e. non-rideable) what other animals would the equine be living with?

\_\_\_\_\_

How much do you anticipate spending yearly for feed, veterinary and farrier care, medications, special dietary needs, and board? \_\_\_\_\_

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Tell us what types of vaccinations an equine should receive in your area, and how often.

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Tell us who will be responsible for the equine's:

Feeding \_\_\_\_\_

Age \_\_\_\_\_ Experience level \_\_\_\_\_

Training \_\_\_\_\_

Age \_\_\_\_\_ Experience level \_\_\_\_\_

General care \_\_\_\_\_

Age \_\_\_\_\_ Experience level \_\_\_\_\_

Administering medications \_\_\_\_\_

Age \_\_\_\_\_ Experience level \_\_\_\_\_

Will the equine live on your property? Yes No

If no, please list the name, address and phone number of your boarding facility.

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Please describe the accommodations the equine will have, including the type of fencing, shelter and pasture available \_\_\_\_\_

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If you are interested in a riding equine, what would you like to use him/her for (e.g., trail riding, dressage)? \_\_\_\_\_

How hard and how long would you like to be able to work the equine? \_\_\_\_\_

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What is the approximate age, height, and weight of the person(s) who will be riding the equine?

Rider 1. Name \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Experience level \_\_\_\_\_

Rider 2. Name \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Experience level \_\_\_\_\_

Rider 3. Name \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Experience level \_\_\_\_\_

Rider 4. Name \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Experience level \_\_\_\_\_

Please provide us with your veterinarian's information:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please provide two references, people not related to you, who can testify to your ability to provide and care for an equine.

Name \_\_\_\_\_ Phone \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_

Please return this form to: Sanctuary One  
13195 Upper Applegate Rd.  
Jacksonville, OR 97530