



LoneOakRescue.org

Adoption application

Welcome to Lone Oak Rescue.

Thank you for your interest in our rescued horse. In order to be considered for an adoption of one or more of our horses, you must:

1. Be 21 years of age
2. Have the knowledge and consent of all adults living in your household
3. Have a valid ID with current address
4. Have landlord's name and telephone number (or signed lease if you rent)

Understand that Lone Oak Rescue must approve your application and that this application is not a guarantee for one of our horses. We attempt to place horses in the best situation possible for their benefit of the animal. We pair horse and human in their partnership so that the horse's benefit comes first and foremost. Your stewardship for the lifetime of this horse must be compatible with the welfare and needs of the horse.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Work Phone: _____

Age: _____ **DOB:** _____ **CDL#** _____

Please feel free to expound upon your answers and use the back of this page for your answers.

Why are you looking for a horse?

What background have you had in caring for a large animal such as a horse?

Do you want this horse for: **COMPANION BREEDING COMPETITION OTHER** (circle one)

How much time per week do you plan on spending with this horse?

If the equine is rideable, how often each week and for how long do you plan on riding?

If you will be using the equine for riding, please list the names and ages of everyone that will be riding in your family:

Do you plan on using this equine for commercial purposes?

Who will be feeding the equine?

How often will the equine be fed?

How often do you plan on having a farrier trim or shoe the equine?

How often do you plan on de-worming the equine?

How often to you plan on having a veterinarian visit the equine?

How many equines do you currently have? _____

Date of last vaccinations for your equine/s: ____/____/____

Vaccinations received: _____

Date the equine/s were last de-wormed? ____/____/____

What product was used? _____

Date of last negative Coggins, please list date on all equines:

_____/_____/____

_____/_____/____

_____/_____/____

Where will your adopted horse be kept during the day? (Circle all that apply)

INDOORS OUTDOORS STABLE OTHER _____

During the night?

INDOORS OUTDOORS STABLE OTHER _____

If you will be boarding your horse please provide facility name and physical address:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

If the equine is in a barn, what size are the stalls? _____

If the equine is in a barn, how often and how many hours will they be turned out?

If the equine will be kept in pasture, what size is the paddock/pasture? _____

How many other equines are in the paddock/pasture? _____

If you are not available on a daily basis to check your horse/s please give us the name and phone number of who will be checking them.

Where do you live? HOUSE APARTMENT CONDO TRAILER ACREAGE OTHER _____

___ I RENT ___ I OWN ___ WITH MY PARENTS ___ OTHER _____

Landlords name: _____ **Phone:** _____

Does your landlord allow pets? YES NO DON'T KNOW (circle one)

Deposit required? _____

Monthly rent increase for a horse? _____

Do you have a horse fenced yard? YES NO

If fenced; please describe the height and type:

Please provide the following information about your household:

Number of adults: _____ **# of children:** _____ **Ages:** _____

Is anyone in your family allergic to animals? YES NO

What will you do with your horse if you move in the future:

How much do you anticipate spending yearly to feed, vaccinate, train, shoe and provide medical care for your horse? \$ _____

would you be willing to allow a representative from your organization to visit your home and the place for housing of the horse/s before the adoption is completed? YES NO

Have you adopted an animal from us before? YES NO

What type(s) of pets do you own or have owned in the last 10 years?

Required Reference Information:

Equine Veterinarian Reference: Current New (circle one)

Name: _____ **Phone:** _____

Equine Professional Reference:

Name: _____ **Phone:** _____

Indicate Profession: farrier trainer/riding instructor breeder other:

Do you realize that a horse may live 20 or more years? YES NO

Are you prepared for this obligation? YES NO

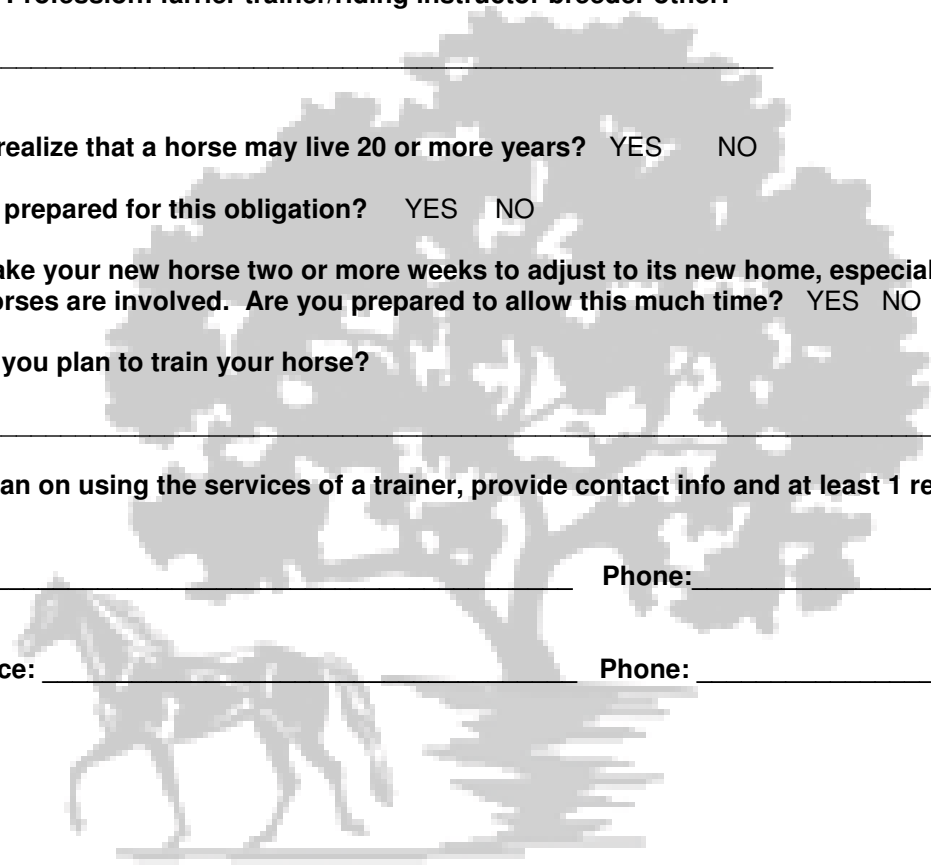
It may take your new horse two or more weeks to adjust to its new home, especially if other horses are involved. Are you prepared to allow this much time? YES NO

How do you plan to train your horse?

If you plan on using the services of a trainer, provide contact info and at least 1 reference:

Name: _____ **Phone:** _____

Reference: _____ **Phone:** _____



By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a horse even after the adoption should any of the information be false.

I authorize investigation of all statements on this application. I understand that this application is property of Lone Oak Rescue Inc

Signature of applicant

Date

Completed applications may be faxed to (925) 282-8016 or mailed to:

**Lone Oak Rescue Inc
3550 Pacific Ave unit 1005
Livermore, CA 94550**

NOTICE: This document is for the sole use of the Directors and staff of LONE OAK RESCUE INC. and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please inform LONE OAK RESCUE INC. and destroy all copies of this document

Application for organization use only:

Status _____ Requirements _____
Landlord Check _____ Vet Check _____
Animal _____ Location Check _____

Notes:

