

Adoption Application

Name:	_____	Date:	_____
Address:	_____		
City:	_____	State:	_____ Zip: _____
Home Phone:	_____	Cell:	_____
Email:	_____	Work:	_____
Age:	_____	Date of Birth:	_____ Body Type: _____

Please describe your horse experience:

Do you ride? YES NO If yes, for how long? _____

Riding discipline? _____ Have you taken lessons? YES NO

Can you train? _____ Have you owned horses before? YES NO

Riding interests/Use of horse:

Please describe the type of horse you would like to adopt:



7105 Kingdom Road
Memphis, NY 13112

(315) 729-7016
www.nysunshinehorses.org

Sunshine Horses, Inc

Will the horse be boarded on your property? YES NO If boarded elsewhere, please provide the owner's name, address, and phone number:

(If boarded elsewhere, a copy of the lease and a separate boarding release form will need to be signed by yourself and the representative of the boarding facility)

Describe the shelter the horse will have:

What type of fencing is used for the turnout area and how large of an area will the horse have access to?

How long and how often will the horse be turned out?

Who will be responsible for the horse's daily care?



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How often do you worm and with what products?

What vaccines do you routinely give yearly?

What is a horse's normal temperature and describe symptoms requiring immediate veterinary attention?

What type of feed will you use and approximately how much?

Veterinarian Name: _____

Address and Phone Number: _____

How many years have you used their services? _____

(Veterinarians may be called as a reference)

Farrier Name and Phone Number: _____



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Please list two personal references that can speak of your character and your horse experience:

References	Name	Phone Number	Relationship
1			
2			
3			

I understand that I will be responsible for providing the proper care and long-term maintenance for this horse. This includes, but is not limited to, providing appropriate year-round shelter, free access to water, proper feed, inoculations, health care, dental care, deworming, and farrier needs. I will also be responsible for providing veterinary care as needed in the event of illness or accident. I understand that Sunshine Horses reserves the right to make unannounced visits to evaluate the condition of the adopted animal at any time.

★ **Signature of Applicant:** _____ **Date:** _____

Your donation at the time of placement is non-refundable.

Applicant reviewer's name and comments:



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