



Sammie's Friends
14647 McCourtney Rd
Grass Valley, CA 95949
www.sammiesfriends.org

Incomplete Applications Will Not Be Considered

HORSE PREADoption QUESTIONNAIRE

(If a question does not apply to you, fill in the blank with "N/A")

1. Name of Horse:
2. Applicant's full name:
3. Co-applicant's full name:
4. E-mail address:
5. Address:
6. City: State: Zip Code:
7. Daytime phone no: Work Phone no: Mobile Phone no:
8. Why do you want a Horse at this time?
9. Are you currently employed?
10. If you work, is anyone at home while you are working? Yes No
11. Will this person be responsible for the Horse? Yes No
12. How many hours each day will your Horse be alone?
Weekdays: Weekends: Evenings:
13. Do you own or rent your home?
14. If you rent, please provide the name and telephone number of your landlord:
15. How long have you lived at this address?
16. Please list all people currently living at this residence, their relationship to the applicant and their ages (children only):

Horse Ownership History

1. Do you currently own a horse or other equine? ___ Yes ___ No

2. If yes, how many, breed(s), and for how long?

3. If no, have you ever owned a horse? ___ Yes ___ No

4. If yes, please explain how long ago and under what circumstances?

5. What other Livestock do you own?

Number	Type	Breed	Age	Spayed/Neutered	Where is animal now?

6. Are these Livestock up to date on shots, worm preventative, veterinary care, etc.

Yes No

If not, please specify which ones and why not.

Equine Living Arrangements

1. Will the equine live on your own property? Yes No

2. If not, please provide the name, address, and phone number of facility where you will board the horse:

3. Describe the type of run-in, corral, or stall that will be provided (include size) and acreage of property including turn out areas:

4. What type of fencing do you or the facility have?

Responsibility of Care

1. Who will be responsible for the daily care of the adopted horse?

2. If you have never owned a horse before, or have not owned one in some time, will you be enlisting the help of an equine professional to work with you with care? Yes No

3. What type of hay will the horse be fed? How much and how often each day?

4. What brand of grain will you provide? How much and how often each day?

5. Do you or the facility where you will be boarding provide clean water for your horse 24 hours a day?

Yes No

6. What is the water source?

7. How many hours will the horse be turned out each day?

8. Under what conditions do you stall a horse and for how long?

9. Do/will you provide a salt block for your horse 24 hours a day? Yes No

10. What is your de-worming plan (how often and type of wormers)?

11. How often will/do you have your farrier trim or shoe?

12. How often will/do you have your equine's teeth examined?

Knowledge of Basic Horse Care

1. For what reasons would you call your vet?

2. List the signs of colic:

3. What would you do if you notice these signs?

4. What are some of the causes of sudden lameness?

5. What would you do if you notice these signs?

6. What is founder (laminitis) and what would be the first clue it is occurring?

7. What would you do if you notice these signs?

8. How long should you wait after feeding to ride?

9. How long should you wait after riding to feed?

Please list the veterinarian and blacksmith you currently use.

Veterinarian:	Phone:
Farrier:	Phone:

10. May we contact the Vet and Farrier listed above? Yes No

Commitment

1. Have you ever given an animal to another person, rescue or shelter? Yes No
If yes, please explain.

2. How much time are you willing to give this Horse to adjust to your home, training and any training it may need?

3. Should you move or have any unforeseen event arise, what are your plans for this Horse?

4. What will you do with this Horse if the adoption does not work out?

Where did you learn about this Horse? Facebook ___ The Union ___ Petfinder ___ Other _____
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By signing this application, you affirm that this Horse will not be used for consumption.

Signature: _____ Date: _____

Application Reviewed By: _____ Date: _____

Reviewing Staff Member: _____ Date: _____

DNA List Checked? YES ___

Approved: YES ___ NO ___ Pending Comments: _____