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| **Animal Awareness & Assistance**P.O. Box 252, Sealston, Virginia 22547[www.AnimalAA.com](http://www.AnimalAA.com)**AnimalAwarenessAssistance@yahoo.com** |
| HORSE adoption formWhen you acquire a pet: You accept the responsibility for the health and welfare of another living thing. You are responsible for your pet’simpact on your family, friends, and community. |
| Name(Last, First, M.I.): |  |  | Date: |  |
| Marital status: | 🞎 Single 🞎 Partnered 🞎 Married 🞎 Separated 🞎 Divorced 🞎 Widowed |
| Street Address: |  | **City, State, Zip:** |
| Phone Number(s): |  | **E-mail:** |
|  |
| Where will horse reside? | 🞎Own Farm 🞎Board 🞎Other \_\_\_\_\_\_\_\_\_\_ |
| ****If horse will be boarded, list the facility address, phone number and barn manager.**** |  |  |  |  |
| ****Please describe the facility where the horse will be kept including fence type, # of acres, barn type, etc.****  |  |  |  |  |
|  |  |  |  |
| **Please list any and all horses owned in the last 5 years and what happened to them if you no longer own them.**  |  |
| **Please describe your experience with horses.**  |  |
|  |  |
| ****How would you rate your riding ability? How have you ridden in the past and what type of riding do you plan for your adopted horse.**** |  |
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| Please provide the name, number and address of your current or past farrier that has cared for your animals:**May we contact your farrier?**🞎 No 🞎 Yes |
| **Farrier Name:** |  | **Phone:** |  |
| **Name(s) on the account:** |  |  |  |
|  |
| Please provide the name, number and address of your current or past veterinarian that has cared for your animals:**May we contact your vet?**🞎 No 🞎 Yes |
| **Veterinarian Name:** |  | **Phone:** |  |
| **Address:** |  |
| **Name(s) on the account:** |  |
|  |  |
| How often do you plan on having vet appointments? | 🞎 Yearly Exam/Vaccines 🞎 When sick/injured 🞎 Never 🞎 Only if absolutely have to |
|  |  |
| Please provide the name and number of at least three references that we can call (friends, family, neighbors, pet sitters, etc.): |
| **Name:** |  | **Phone:** |  |
| **Name:** |  | **Phone:** |  |
| **Name:** |  | **Phone:** |  |
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\_\_\_\_\_\_I certify that I am at least 18 years of age and the information I have provided on this application is true. I also recognize that any misrepresentation or omissions may result in the loss of privilege to adopt from A-cubed.

\_\_\_\_\_\_I understand that A-cubed has the right to deny any application for any reason, and even if I am applying for a certain horse, I understand that horses are adopted to the best home and not first-come, first-serve. My application may still be approved, but may be better suited for another horse.

\_\_\_\_\_\_I understand that A-cubed is not able to guarantee the health or temperament of any horses, as many horses come in with unknown histories. These are traits that could change upon adoptions, and I take responsibility to care for and address these issues if they do arrive.

\_\_\_\_\_\_I also understand that anything could happen in life, and if I find that I am no longer able to care for my adopted horse, I agree to contact A-cubed by phone and/or email to discuss return/or need for help of adopted horse. A-cubed will be here to address any concerns and/or issues you may be having with your newly adopted family member.

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| **Applicant’s Signature:** |  | **Date:** |  |

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| **Animal Awareness & Assistance Only** |
| **Approved to adopt:** | 🞎 No 🞎 Yes  | **Date Approved:** |  |
| **A-cubed representative:** |  |
| **Name of horse(s) being adopted:** |  |
| **Vaccination record(s) provided:** | 🞎 No 🞎 Yes  |
| **Adoption fee:** |  |
| **Payment method:** | 🞎 Cash 🞎 Check 🞎 Credit Card 🞎 Paypal  |
| **A-cubed Signature:** |  | **Date of adoption:** |  |
| **A-cubed Officer Signature:** |  |