



Check each that applies: Adoption Applicant Foster Applicant

Name (first, middle, last): _____

Mailing Address: _____

City, State & Zip: _____

Home Telephone : _____ Cell Phone : _____

Work Telephone No: _____

Email Address:(print clearly) _____

_____ Check here and provide your email address if you are interested in receiving the Newsletter.

_____ Check here to receive information on how to become a volunteer

I heard about Hosanna Horse Haven from: _____

Current Employer: _____ Years with this Employer: _____

Employer's Address: _____ Annual Income: _____

Alternate Contact Information (needs to be a family member not in the same household)

Name (first, middle, last): _____

Mailing Address: _____

County: _____

City, State & Zip: _____

Home Telephone: _____ Cell Phone: _____

Work Telephone : _____

Email Address: _____

Applicants Initials: _____

Equine Property Location

If the equine will be kept someplace other than the address listed above, please provide the name of the facility, address, contact person and phone number:

Required Reference Information:

Indicate if you are: currently using this vet_____ or this is a new vet_____

Equine Veterinarian Reference's Name: Phone No. _____

Address:

Equine Professional Reference's Name: Phone No. _____

Address:

Indicate Profession: farrier trainer/riding instructor breeder other

Adoption applicants, complete the following; Foster Applicants skip to Current Equine Information

Equine(s) You Are Interested In

What do you plan on using this equine for?

How much time per week do you plan on spending with the equine?

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, ages, height, and weight of everyone that will be riding:

Applicants Initials: _____

Current Equine Information

How many equines do you currently have? _____

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

Vaccinations received:

Date the equine/s were last dewormed? ____/____/____ What product was used?

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

Equine Experience

If you currently do not have any equines have you previously owned, and if so for how long?
In the past five years, have you given away or sold any equines?
Please explain.

In the past five years, have you had any equines pass on while in your care?
Please explain.

Describe your experience with handling, caring for, riding, and/or training equines.

Who will be feeding the equine _____

How often do you plan on feeding the equine? _____

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

How often do you plan on worming the equine? _____

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

Will the equine be kept in a barn or pasture? _____

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

Applicants Initials: _____

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? _____

Type and size of shelter in the paddock/pasture: _____

Type of fencing surrounding the paddock/pasture: _____

Describe any debris in the paddock/pasture such as limbs, metal, glass, trash, etc.: _____

Do you have plans to remove said debris? _____

If not please explain: _____

Confidentiality Statement

I, the undersigned, understand that certain information pertaining to Hosanna Horse Haven, Inc. may be confidential in nature and that I am to use discretion in discussing policies, current cases and other related issues with non-members. I also understand that it is my privilege as a member to be party to certain email lists, and that no email messages that I receive from these lists may be forwarded to anyone not belonging to that list without first obtaining permission from a member of the Board of Directors. I have read, understand, and agree to adhere to the statement outlined herein.

Acknowledgement

I, the undersigned, understand I am applying to adopt/foster an equine from Hosanna Horse Haven (*herein after referred to as HHH*). I understand that I must complete the application procedure and have the equine property or boarding facility inspected and approved before being allowed to adopt/foster an equine from HHH. I understand that I may not be able to adopt/foster the equine I am interested in for various reasons.

In addition, I understand that HHH may perform a background check to verify my personal information as well as check for any criminal convictions.

By signing this application, I agree that I have read and understand the Adoption and/or Foster Policy of HHH. I understand that I must submit a complete application in accordance with the policies before being considered as an adoptive and/or foster applicant.

I understand that if I adopt/foster an equine from HHH I will be subject to follow up visits in accordance with the Equine Follow Up Policy.

I also understand that, in accordance with the Adoption and/or Foster Policy, I may never sell, give away, lease out, send to slaughter, etc. the equine I adopt/foster. I also understand that I may never use the equine for breeding purposes. I also agree HHH is not liable in the event of injury, death or damage to any human, animal or property as a result of activities or actions of the equine I adopt/foster.

Applicants Initials: _____

I further agree to accept all responsibility for any action or lien resulting from any action, directly or indirectly involving said equine(s) while it is in my care. Therefore, I agree and understand that neither HOSANNA HORSE HAVEN, INC. nor its employees or agents will be liable for any damages or injury caused to me or any third person by the equine(s) once I receive delivery of it, including but not limited to damages or injuries caused by the fact that the equine(s) does not behave or perform in the manner I expected. Further, if any third person makes a claim against HOSANNA HORSE HAVEN, INC. or any of its employees or agents as a result of any conduct of the equine(s) in my possession, I agree to indemnify and hold HOSANNA HORSE HAVEN, INC., its employees and agents harmless from any such claim, including costs and attorney's fee resulting from such claim.

Every effort has been made to disclose the history of these equines AS WE KNOW IT. These are rescued equines, and in some circumstances we may have little or no knowledge about the equine's prior life or training. We will tell you everything we know about the equine however, we cannot make any guarantees about an equine's temperament or training. It is advised that the adopter pay for Vet Check prior to adopting any equine.

Applicant(s) signature Date

Printed Name of Applicant(s)

Have you ever been charged with or convicted of animal abuse?
If yes, please explain _____

The following information is required for a criminal background check. All information will be protected as private and confidential:

Date of Birth: ____/____/____

PLEASE NOTE: Applications will be processed and property inspections conducted within 3-4 days of receipt of the application. Approval depends upon expeditious return of the inspection worksheet and photographs of the equine property to the office..

Applicants Initials: _____

**HOSANNA HORSE HAVEN
109 DOROTHY DR
JAMESTOWN, TN 38556**

931-704-5938

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