



Last Chance Ranch Equine Rescue

9 Beck Road, Quakertown, PA 18951

215-538-2510

ADOPTION APPLICATION

Name of Applicant _____ Age _____
(Must be 18 years of age)

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Place of Employment _____

I am only interested in _____ Adoption _____ Foster Care _____ Both (please check one)

APPLICATION PREFERENCE FOR EQUINE

Gender: _____ Color/Breed: _____

Age of equine (please circle range): <1 2 4 7 10 12 15 20 25+ No preference

Size: 10-12 hh 12-14hh 14-16hh 16-17hh 17 + hh (usually Draft)

Training: Ride Drive Untrained No preference

Would you adopt an equine with physical limitations? _____ YES _____ NO

(Strictly companion, none or light riding only)

1) Age(s) _____ Height(s) _____ Weight(s) _____ of who will be riding.

2) Describe in detail your level of riding experience _____

3) Have you previously owned/cared for an equine? _____ If so, when? _____

4) Use of equine: _____ Trails/Pleasure _____ Driving: _____ Shows (list types below)

_____ Handicapped Program _____ Youth Program (lessons)

Other Explain: _____

5) On average, how many hours per week will this equine be ridden/driven? _____

Period of time each session: Walk _____ Trot _____ Canter _____

6) If you plan to use the help of a trainer or friend please provide their

Name: _____ and Telephone Number: _____

7) Please list any other animals you now own: _____

8) Will this equine be boarded on your property? _____ YES _____ NO

If not name, address, and phone of boarding facility _____

9) Name and phone of barn vet and farrier (if different than yours):

Vet: _____

Farrier: _____

10) Describe the shelter the equine will have: _____

11) What type of fencing encloses the turn out area? _____

12) What size area is there for turnout? _____

- 13) How long will equine be turned out each day _____
- 14) What type of hay do you use and in what amounts do you feed it _____
- 15) How is your grain stored? _____
- 16) How is the water supplied to the equine? _____
- 17) How often will/do you de-worm? _____ Using what products? _____
- 18) How often will/do you have your farrier trim? _____
- 19) How often will/do you have your equine's teeth floated? _____
- 20) How often will/do you vaccinate? _____ For what? _____
- 21) List signs of colic _____
 What measures would you take if this occurs? _____
- 22) If your equine is received in less than fleshy condition, describe the steps/schedule you would use to improve his body weight: _____
- 23) How would you introduce an adopted equine to his new environment and pasture mates? _____
- 24) Describe the area/situation in which you would feed two or more equines turned out together: _____
- 25) If you feed two or more equines turned out together and one is losing weight, what must be the reasons? _____
- 26) What would indicate founder? _____ What would you do? _____
- 27) For what reasons would you call a vet? _____

MONTHLY MAINTENANCE COSTS

	<u>HOME</u>	<u>BOARDING (\$200-\$500)</u>
FEED: Grain	\$20 - \$50	*
Hay	\$40 - \$150	*
Bedding	\$ 20 - \$25	*
HOOF CARE:	\$20 - \$80	\$20 - \$80
WORMING:	\$8 - \$ 20	\$8 - -\$20
VETERINARY: Vaccines	\$7 - \$18	\$7 - \$18
(Semi annual vaccines required @ \$75 - \$200/year)		
Dentistry	\$3 - \$9+	\$3 - \$9+
(Teeth should be floated yearly @ \$30 - \$100)		
TOTAL COST/MONTH	\$118-\$352	\$238-\$538

Name of your horse vet: _____ Phone: () _____
 Address: _____ How long have you used this vet? _____
 Name of Farrier: _____ Phone: () _____
 Address: _____ How long have you used this farrier? _____
 Personal Reference: _____ Phone: () _____
 Address: _____
 How long have you known this person? _____ In what capacity? _____
 Neighbor we can contact if we are unable to reach you: _____
 Address: _____ Phone: () _____

SIGNATURE: _____ **DATE:** _____

Include application fee of \$5.00 (Make checks payable to Last Chance Ranch)