|  |  |
| --- | --- |
| **Date** | Click or tap to enter a date. |
| **Horse’s Name**  | Click or tap here to enter text. |
| **Applicants’ Last Name** | Click or tap here to enter text. |
| **Applicant’s First Name** | Click or tap here to enter text. |
| **Street Address** | Click or tap here to enter text. |
| **City** | Click or tap here to enter text. |
| **State** | Click or tap here to enter text. |
| **Zip** | Click or tap here to enter text. |
| **Home Phone** | Click or tap here to enter text. |
| **Mobile Phone** | Click or tap here to enter text. |
| **E-mail** | Click or tap here to enter text. |
| **Driver’s License Number** | Click or tap here to enter text. |
| **Social Security Number or TIN**(required for tax exemption) | Click or tap here to enter text. |
| **Annual Household Income** | [ ] Less than $50,000 [ ] $50,000 - $75,000 [ ] $75,000-$150,000 [ ] $150,000 + |

**SWEETBEAU HORSES - ADOPTION APPLICATION**

**Email completed form too: info@sweetbeauhorses.org**

**RIDER INFORMATION:**

**Primary** Riders Name: Click or tap here to enter text. Age: Click or tap here to enter text.

Weight: Click or tap here to enter text.

Experience level: Beginner [ ]  Intermediate [ ]  Experienced [ ]

Who else will be riding the horse? Name: Click or tap here to enter text. Age: Click or tap here to enter text.

Weight: Click or tap here to enter text.

Experience level: Beginner [ ]  Intermediate [ ]  Experienced [ ]

What will be your primary use for this horse? Click or tap here to enter text.

How often will the horse be ridden? Days per /week: Click or tap here to enter text.

Avg. hours per ride: Click or tap here to enter text.

Will you be camping with your horse? [ ] Yes [ ] No If so, give examples of where: Click or tap here to enter text.

Will you be working with a trainer? [ ]  Yes [ ]  No If yes, who is the trainer? Click or tap here to enter text.

What is the goal with the trainer: Click or tap here to enter text.

Have you ever adopted a horse before? [ ]  Yes [ ]  No

If ***Yes***, where is that horse now? Click or tap here to enter text.

What was the purpose? Click or tap here to enter text.

Have you adopted from another source? (i.e., a rescue, BLM?) if so, when and where? [ ]  Yes [ ]  No

Click or tap here to enter text.

Do you currently own other horses? [ ]  Yes [ ]  No

If ***Yes***, please complete the following table:

|  |  |  |  |
| --- | --- | --- | --- |
| **Breed** | **Gender** | **Age** | **Discipline / Sport/where are they?** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Who will provide daily oversight and care of horse (i.e. check for injuries, feed, water, blanket, etc.)?

Click or tap here to enter text.

What is the physical location (address) where the horse will be kept (if different from above)?

Click or tap here to enter text.

Will horse be alone or with other horses, please explain: Click or tap here to enter text.

**FACILITIES WHERE HORSE WILL BE KEPT.**

Where will your horse be kept (check all that apply)? [ ]  Barn Stall [ ]  Corral [ ]  Pasture

\*\*PLEASE INCLUDE PHOTO’S OF FACILITIES

 

 If ***Corral***, provide the following dimensions in feet:

 Length: Click or tap here to enter text. Width: Click or tap here to enter text. Height: Click or tap here to enter text.

 Gate Height: Click or tap here to enter text. Gate Width: Click or tap here to enter text.

 Materials used in Corral: Click or tap here to enter text.

 Materials used in Gate: Click or tap here to enter text.

 If ***Pasture***, provide the following:

Describe type of fencing: Click or tap here to enter text.

Size of pasture: Click or tap here to enter text.

Shelter provided? DescribeClick or tap here to enter text.

Number of horses in pasture: Click or tap here to enter text.

Type of shelter? [ ]  Barn Stall [ ]  Multi-sided Lean To [ ]  Roof only Shelter

Source of water? [ ]  Well [ ]  City

Daily Water access? [ ]  Automatic Water [ ]  Creek/Pond [ ]  Bucket / Trough

Describe type of hay or pasture forage: Click or tap here to enter text.

Amount of hay per day (feeding): Click or tap here to enter text.

Describe any supplemental feed: Click or tap here to enter text.

Do you own a horse trailer? [ ]  Yes [ ]  No If no, how would you transport horse in an emergency? Click or tap here to enter text.

If yes: Describe the trailer: Click or tap here to enter text.

Make: Click or tap here to enter text. Model: Click or tap here to enter text. Year: Click or tap here to enter text.

Please list your current Horse Care Providers:

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider** | **Name** | **Phone** | **# of years working with** |
| Vet | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Ferrier | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Dentist | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Trainer | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Have you had a horse under veterinarian care in the past? [ ]  Yes [ ]  No

Describe the vet treatments your horse received. Click or tap here to enter text.

What worming product(s) do you use? Click or tap here to enter text.

How often do you worm your horses? Click or tap here to enter text.

How often are your horses’ teeth floated? Click or tap here to enter text.

What type of footcare do you prefer?[ ]  Shoes [ ]  Barefoot [ ]  Easyboots

If ***Shoes***, how frequently is your horse re-shoed? Click or tap here to enter text.

**REFERENCES**

Please list up to three (3) Riding Clubs / Organizations you are a member of:

|  |  |  |
| --- | --- | --- |
| **Club / Organization Name** | **Contact** | **Phone Number** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

List three (3) personal references you have a 3+ year relationship with: People you ride horses with; individuals you have bought or sold horses too; boarding facilities or trainers you’ve worked with.

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Phone Number** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Please provide your current employer information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer Name** |  **Address** | **Supervisor** | **Phone Number** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Have you ever been charged with, investigated, or convicted of animal abuse or inhumane treatment of animals? [ ]  Yes [ ]  No If Yes, explain circumstances and location: Click or tap here to enter text.

How will the horse be transported to your location? Click or tap here to enter text.

What transport company will you use? Click or tap here to enter text.

I declare that the information provided by me on the above form is true and accurate.

|  |  |
| --- | --- |
| Applicant’s Full Name (Print Full Name) | Date |
| Click or tap here to enter text. | Click or tap to enter a date. |
| Applicant’s Signature | Date |
|  |  |
| Sweetbeau Horses Approver (Print Full Name) | Date |
|  |  |
| Sweetbeau Horses Approver Signature | Date |
|  |  |

# EQUINE CARE TERMS AND CONDITIONS

I, Click or tap here to enter text. (herein after referred to as “Adopter”), hereby agree to abide by and comply with the following terms and conditions set forth herein. I understand and agree that failure to comply with these terms and conditions will result in the revocation of my right to retain ownership of the horse.

1. Adopter is legally and financially responsible for providing proper care and shelter. Adopter is to guard and protect the horse in his / her care from being subject to harm or endangerment, negligence, harassment or outright abuse.
2. "Abuse" as used herein shall mean physical aggression, the withholding of food, water, or shelter and/or emotional neglect. Horses shall be provided with other suitable equine companions at all times, sufficient room and/or habitat to move, roll, play and exercise at will on a daily basis.
3. Horse(s) shall have unlimited access to clean water at all times, shelter and appropriate feed to maintain a healthy and humane standard of health and well-being.
4. Adopter agrees to treat the horse humanely and with kindness, dignity and respect at all times.
5. Adopter agrees to maintain the horse(s) hooves, teeth and manage parasites.
6. Adopter agrees to refrain from hard/challenging riding of the horse until it reaches 4 years of age.
7. Adopter agrees not to use severe training tools or aides such as severe bits.
8. Adopter agrees not to breed the horse.
9. Adopter agrees not to use horse for rodeo’s, other than events which horse will be performing.
10. Adopter agrees never to rope or “trip” the horse for sport or in any form for training.
11. Adopter agrees to never send the horse to auction or sell/surrender to anyone suspected of representing kill buyers or slaughterhouse.
12. Adopter agrees never to remove or alter a BLM brand or freezemark.
13. Adopter agrees not to brand horse without Sweetbeau Horses permission.
14. Adopter is responsible, as provided by State law, for any personal injury, property damage, or death caused by the animal in Adopter’s care, for pursuing horse(s) that escape or stray, and for cost of recapture. Adopter will hold harmless Sweetbeau Horses as provided by State law, for any personal injury, property damage, or death caused by the foster animal in Adopters care, for pursuing horses that escape or stray, and for cost of recapture.
15. Sweetbeau Horses retains the right to inspect at any time the premises where the horse is being kept with seven (7) day notice for routine checks and without notice if there has been a complaint or concern for neglect or abuse.
16. Adopter shall not transfer horse for more than thirty (30) days to another location or to the care of another individual, other than training for a specified period, without the prior approval of an authorized representative of Sweetbeau Horses.
17. Should extreme hardship circumstances arise where Adopter is no longer able to care for the horse, Sweetbeau Horses is to be immediately notified.
18. In the event Adopter locates a prospective "replacement" adopter, Sweetbeau Horses retains the right to screen all potential candidates and retains the exclusive authority to extend acceptance of, or to decline, the candidate. The new Adopter must agree to the terms and conditions of care / ownership set forth herein by Sweetbeau Horses.
19. In the event that the Adopter can no longer care for the horse, the horse shall be returned to Sweetbeau Horses. The Adopter agrees to pay all costs involved in care and transporting the horse back to Sweetbeau Horses facility in Creston, CA.
20. In the event that the horse’s life must be terminated due to injury or illness, Sweetbeau Horses must be notified immediately. Euthanasia must be done in a humane manner by a licensed veterinarian. A veterinarian needs to document that further medical intervention would not help the horse and euthanasia is the only humane option. Documentation of the euthanasian must be provided to Sweetbeau Horses within seven (7) days post procedure.
21. Adopter will notify the authorized representative of Sweetbeau Horses within 24 hours via telephone or e-mail of discovery of the horse’s death, theft or escape within three (3) days. The owner shall be responsible for any expenses incurred by the death of the horse and its subsequent legal disposal.

I acknowledge that I am at least 18 years of age or older and have read and understand the Equine Care Terms and Conditions and will comply;

|  |  |
| --- | --- |
| Applicant’s Full Name (Print Full Name) | Date |
| Click or tap here to enter text. | Click or tap to enter a date. |
| Applicant’s Signature | Date |
|  |  |
| Sweetbeau Horses Approver (Print Full Name) | Date |
|  |  |
| Sweetbeau Horses Approver Signature | Date |
|  |  |