



# Friends of Ferdinand Inc.

## Adoption Application

PO Box 1784  
Indianapolis, IN 46206  
888-612-7402

contact@friendsofferdinand.org

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Physical Address (if different from above): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Business phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Have you previously owned a horse? YES NO How long ago? \_\_\_\_\_

Do you currently own horse(s)? YES NO How long? \_\_\_\_\_

Do you currently own or rent the home listed above? \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_

If not employed, please provide employment information for person who will be financially responsible for the adopted horse. Name of person whose Employer information is listed below

\_\_\_\_\_  
Relationship to this person: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Years employed there: \_\_\_\_\_

List two of the closest relatives not living with you and who live in different homes:

1<sup>st</sup>: Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to you \_\_\_\_\_

\_\_\_\_\_  
Address (No PO Boxes) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

2<sup>nd</sup> Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address (No PO Boxes) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### Facility Information

◆ Will the horse be kept at the above address? YES NO

If **NO**, we need the following information:

Name of boarding stable: \_\_\_\_\_ Name of owner: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

- ◆ Number of acres the horse will be pastured on: \_\_\_\_\_ Total number of horses on above acreage: \_\_\_\_\_

- ◆ Type of shelter the horse will be provided:  Stall  3 sided run-in shed  Other

If other please describe: \_\_\_\_\_  
\_\_\_\_\_

- ◆ Type of fencing: \_\_\_\_\_

### Horse Care

- ◆ How much do you anticipate spending yearly for:

Feed: \_\_\_\_\_ Farrier: \_\_\_\_\_ Veterinary care: \_\_\_\_\_ Board: \_\_\_\_\_

- ◆ What de-worming method will be used and how often will it be done? \_\_\_\_\_  
\_\_\_\_\_

- ◆ How often will you provide farrier care? \_\_\_\_\_

- ◆ How often will you have their teeth checked and floated? \_\_\_\_\_

- ◆ What type of vaccinations will you give and how often? \_\_\_\_\_  
\_\_\_\_\_

### Equine Preferences

When making your specifications, please make sure you indicate the absolute maximum and minimum you will accept.

- ◆ Do you need an equine that is or will be rideable? (please check one)  YES  DON'T CARE

- ◆ Please specify an acceptable height range: \_\_\_\_\_

- ◆ Please specify an acceptable age range: \_\_\_\_\_

- ◆ Are you interested in a (check all that apply):  Horse  Pony  Mule  Donkey

- ◆ What is your breed preference? \_\_\_\_\_

Will you consider another breed?  YES  NO

- ◆ Please check the rider's experience level (please make one check per rider).

Has been riding less than 2 years

Regularly rides on trails, in small shows or for pleasure

Rides seriously in large shows and/or has some horse training ability

Is a professional trainer/instructor

- ◆ I will consider a horse that is (please check as many as apply)

Un-broke  Green-broke  Well-broke  Dead-broke

- ◆ On average, how often do you plan to ride the horse (hours per week)? \_\_\_\_\_

- ◆ If you are currently interested in an available horse please include his/her name here \_\_\_\_\_

## References

- ◆ Please list two references who are familiar with your care of and experience with horses:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

- ◆ Please list your veterinarian and farrier:

Veterinarian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Farrier: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Humane Violations Check

- ◆ Have you ever been issued a warning/citation, or been convicted for humane violations? \_\_\_\_\_

If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

- ◆ Have you ever convicted of a felony or misdemeanor? \_\_\_\_\_

If so, please explain:

\_\_\_\_\_

(Conviction does not necessarily affect ability to adopt)

- 
- ◆ I/WE CERTIFY THAT ALL OF THE INFORMATION CONTAINED HEREIN IS CORRECT AND TRUE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_