

EQUINE ADOPTION APPLICATION

You MUST be older than 18 to complete this application.

APPLICANT INFORMATION *(print all information)*

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Driver's License: _____ State Issued: _____

Home Phone: _____ Mobile Phone: _____

E-mail: _____

Have you ever been investigated, accused or convicted of ANY animal cruelty? Yes No

Have you previously owned an equine? Yes No *(If "NO" please skip to Property Information section)*

Please describe your experience with equines: _____

What type of ground work or training have you done with equine? _____

If you ride, what type of discipline do you prefer? *(Circle all that apply)*

English Western Competitive Trail Pleasure Other: _____

How long have you been riding? _____

What Breed, Size and Gender are you interested in adopting? _____

What are your plans for this equine? _____

What level of skill are you looking for in an equine? Halter Broke Started Ground Training

Started Under Saddle Broke Kid Safe

Please describe the symptoms of colic? _____

Would you be interested in adopting an equine with limitations? Yes No *(If "YES" please explain)* _____

PROPERTY INFORMATION (where animal will permanently reside)

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Acreage Size: _____ Will this area be shared by other animals? Yes No

If "Yes", please provide details (number of animals, type of animals, etc.) _____

Land Owned by Applicant? Yes No **If "No" please provide property owners name(s) and address(es)**

Property Owner's Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Land Rented by Applicant? Yes No Boarded by Applicant? Yes No **(If "Yes" please provide Boarding Facility Name and Address**

Boarding Facility Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Main Phone: _____ Mobile Phone (if applicable): _____

Shelter description(s): _____

Fencing description(s), please include all fencing the animal will be exposed to: _____

Attach/Enclose pictures of property and shelter where the animal will be residing.

Health Care Providers Intending to Use

Veterinarian Clinic: _____

Veterinarian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Main Phone: _____ Mobile Phone (if applicable): _____

E-mail: _____

Farrier Full Name: _____

Main Phone: _____ Mobile Phone (if applicable): _____

E-mail: _____

Health Care Providers Intending to Use *(continued)*

Do you have a trainer/instructor? Yes No *(If "NO" please provide contact information)*

Trainer/Instructor Name: _____

Main Phone: _____ Mobile Phone *(if applicable)*: _____

E-mail: _____

Transportation

Do you own or have access to a trailer adequate to haul this animal to and from your veterinarian? Yes No

References (Required)

Provide three references *(other than family members)* who can verify your ability to provide proper care for the equine described in this application.

Name: _____

Home Phone: _____ Mobile Phone: _____

How long have you known this person? _____

Your relationship with this person? _____

Name: _____

Home Phone: _____ Mobile Phone: _____

How long have you known this person? _____

Your relationship with this person? _____

Name: _____

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Your relationship with this person? _____

Additional Comments

Please use the space below (and additional paper if necessary) to provide us with any information you feel would support your adoption application.

Acknowledgments

I, _____ (Applicant) have read and answered all the above questions honestly and to the best of my ability. I acknowledge I have been given the opportunity to authorize a background check for the purposes of this adoption. I understand a background check is required to complete this application. I also understand Spirit Run Equine Rescue has the right to deny my application without explanation.

Applicant Name: *(print)* _____

Applicant Signature: _____

Date: _____

The SRER Board has final authority over the adoption of all SRER equine. A decision of application acceptance or denial will be provided via email to the applicant within 10 days of receipt of the completed application. Note: A Background Check is required to consider application "complete".

FOR SPIRIT RUN EQUINE RESCUE USE ONLY

This adoption application was delivered via _____ (email, postal carrier, online or in person) on _____ (date) for SRER Board consideration.

BOARD NOTES & COMMENTS

Equine Rescue

Spirit Run Equine Rescue

2233 Ironwood, Gilmer, Texas 75644

903-331-4011 or 903-331-2542

www.spiritrunequinerescue.com

spiritrunequinerescue@gmail.com

Humane Treatment/Standard of Care Policy

Every Spirit Run Equine Rescue (“SRER”) equine and all animals shall, at all times, be treated humanely and with dignity, respect and compassion. Any applicant using abusive or excessive training techniques or being inhumane to a SRER equine in his/her care, will have the animal removed from the applicant’s care immediately and criminal charges will be filed if deemed applicable.

The following list includes but is not limited to examples of unacceptable behavior, care, handling and/or training techniques:

- No horse appearing to be emaciated, drawn or injured may be exhibited.
- Use of or evidence of inhumane training techniques or methods such as striking horse with objects, excessive spurring and/or excessive jerking of reins.
- Any inhumane treatment that results in wounds.

Through my signature below, I certify that I have read and understand the SRER Humane Treatment Policy and agree to abide by these principles as an applicant of SRER. I also understand that should a determination be made (as outlined above) that I have violated any part of this policy, I may lose the privilege of owning/fostering/training/handling any and all SRER equine and/or animal.

Applicant’s Name (please print): _____

Applicant’s Signature: _____ Date: _____

SRER Representative Signature _____ Date: _____

Spirit Run Equine Rescue

2233 Ironwood, Gilmer, TX 903-331-4011

APPLICANT BACKGROUND AUTHORIZATION

Processing Fee: \$20.00

Received By: _____ Date: _____

For the Adoption of: _____

Adoption Fee: \$ _____

Name (Full Legal): _____

Date of Birth: _____ Social Security Number (SSN): _____

Email: _____

Cell Phone: _____ Work Phone: _____

Driver's License Number: _____ State: _____

Current Residence Address

Address: _____

Reason for Leaving: _____

Dates Occupied, From _____ to _____ Has Notice been Given?: Yes No

Previous Address(es)

Address: _____

Reason for Leaving: _____

Dates Occupied, From _____ to _____

References

Contact Name: _____ Relationship: _____

Phone Number: _____

Contact Name: _____ Relationship: _____

Phone Number: _____

Contact Name: _____ Relationship: _____

Phone Number: _____

Spirit Run Equine Rescue

2233 Ironwood, Gilmer, TX 903-331-4011

Authorization – Applicant Disclosure and Release

In connection with my adoption application with Spirit Run Equine Rescue, I understand that consumer reports which may contain public record information may be requested to evaluate my adoption application. These reports may include the following types of information: names and dates of previous employers, public records, credit data, bankruptcy proceedings, eviction and criminal records, etc., from federal, state and other agencies which maintain such records. I hereby authorize procurement of consumer report(s). If approved as an adoptive applicant, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during the time I have ownership of adopted animal.

Signature: _____ Date: _____

Print Name: _____



PAYMENT AUTHORIZATION FORM

Payment Type

Cash

Amount: _____

SRER Representative Signature of receipt

Check -- **Payable to: Spirit Run Equine Rescue**

Check No. _____

Name on Check: _____

Amount: _____

Credit Card – complete CC Authorization on back

CREDIT CARD AUTHORIZATION

PRINT AND COMPLETE THIS CREDIT CARD AUTHORIZATION AND RETURN TO SPIRIT RUN EQUINE RESCUE
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: Visa Mastercard Discover American Express

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize Spirit Run Equine Rescue to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – MUST Sign and Date

Signature: _____

Date: _____

Print Name: _____

SRER USE ONLY

Payment completion details:

Processed Declined

Date: _____

Method: _____

Initials of SRER Representative: _____