



P.O. Box 656
Sedalia, Colorado
80135

303.931.4636
www.trailofhope.org

Horse Adoption Application

Mail completed application and a \$25.00 processing fee to Trail of Hope Horse Rescue and Rehabilitation Center.

Applicant Contact Information:

Name _____
Street Address _____
City _____ State / Zip _____
Home Phone _____ Work Phone _____
E-mail Address _____ Cell Phone _____

Applicant Experience / Knowledge Summary:

1. Is this your 1st horse? Yes No (If yes, skip to question 3)
2. Do you currently or have you in the past own(ed) any other horses? Yes No
 - a. How many horses do you currently own? _____
 - b. How many horses have you owned in the past 5 years? _____
 - c. If you have owned horses in the past that you no longer own, what happened to them? _____
3. Have you ever surrendered or donated a horse to a rescue? Yes No
4. What other animals do you own? _____
5. Will you keep your horse at home or board? _____
 - a. If at home:
 - i. Do you own or rent your home? _____
 - ii. How many other horses are on the property? _____
 - iii. Will the horse be fed separately from other horses? Yes No
 - iv. How many fenced acres will the horse have turnout on? _____
 - b. If boarded:
 - i. Name of boarding facility _____
 - ii. Location of facility _____
 - iii. Contact at facility: Name: _____ Phone: _____
6. What kind of shelter will be available for the horse? _____
 - a. If the horse will be stalled:
 - i. What size is the stall? _____
 - ii. How many hours per day will the horse stay in the stall? _____
 - iii. Does the stall have a run attached? Yes No
 - iv. What is the pasture turnout schedule? _____
 - v. How many horses are turned out at the same time? _____
 - vi. Are mares & geldings turned out together? Yes No
 - b. If the horse will be in pasture:
 - i. Is there shelter for the horse while it's outside? Yes No
 - ii. What kind of fencing is present? _____
 - iii. How many horses are turned out in the same pasture? _____
 - iv. Are mares & geldings kept in the same pasture? Yes No
7. Describe your horse preventative health care & maintenance program:
 - a. Deworming program: _____
 - b. Vaccination schedule: _____
 - c. Farrier: _____
 - d. Supplements: _____
 - e. Feed: _____



8. Who will be handling/riding the horse? _____
9. Do you have experience training horses? Yes No
a. If yes, please describe: _____
b. If you have little or no training experience, do you have someone that is willing to help out when needed? Yes No.
Describe: _____
10. Have you ever heard of natural horse training? Yes No
11. Have you ever used natural horse training techniques? Yes No.
If yes, which method(s): _____
12. Have you ever attended a horse training clinic, workshop or seminar? Yes No
If yes, list: _____
13. Have you ever had riding lessons? Yes No
If yes for how long and where? _____
14. What is your riding ability? Beginner Intermediate Advanced
15. Have you ever purchased a horse from an auction? Yes No
16. Have you ever sold a horse at an auction? Yes No
17. Have you ever adopted a horse before? Yes No
a. If yes, from where? _____
b. How did the adoption work out? _____
c. Do you still have the horse? Yes No
If no, explain: _____
18. Please provide the name and phone number of your current (or one intended to use):
a. Large animal vet: _____
b. Farrier: _____
19. Preferences:
a. Breed: _____
b. Size (horses typically can handle 20 – 25% of their weight) : _____
c. Gender: Mare Gelding
d. Age (older horses are recommended for beginner and advanced beginner riders): _____
20. Will you accept a horse with a limitation? Yes No
21. Will you adopt a companion (non-rideable) horse? (You may adopt 2 horses at once if one is a companion) Yes No
22. What type of riding and activities do you plan to do with your adoptive horse (check all that apply)?
English ___ Western ___ Pleasure/trail ___ Showing ___ Dressage ___ 4-H ___ Roping/Barrels ___ Hunter/Jumper ___
Eventing ___ Endurance/Competitive Trail ___ Occasional ___ Other ___
23. Please provide 2 references, not related to you, that have information about your capability to care for an adopted horse. This may be your veterinarian or trainer

Name: _____

Address: _____

Phone number: _____

Name: _____

Address: _____

Phone number: _____

I, _____, certify that I have no prior violations or convictions of inhumane treatment of animals.

Please note: **At least one pre-adoption visit will be scheduled prior to the horse leaving Trail of Hope Horse Rescue and Rehabilitation Center.**

TRAIL OF HOPE HORSE RESCUE AND REHABILITATION CENTER reserves the right to refuse adoption if TRAIL OF HOPE HORSE RESCUE AND REHABILITATION CENTER deems the horse and adopter is not a suitable match.

Adoption application will be kept on file for 1 year from application date.