

ADOPTION APPLICATION

Society for Hooved Animals' Rescue and Emergency

Society for Hooved Animals' Rescue and Emergency, Champaign, IL 61821

Name: _____ E-Mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (W) _____

Age of person adopting and caring for horse:

Please list all animals, including horses now owned:

List and explain experience with horses, etc:

List the amount of acreage, paddocks and pastures available:

Please list all shelters available and type of shelter:

What type of fencing do you have?

What type of feed and feed storage do you now have?

What is your water source and how do you provide water to horses, etc.?

What type of horse, donkey, mule or pony do you wish to adopt?

Please list Veterinarian and Farrier.

Veterinarian's Name: _____ Phone: _____

Farrier's Name: _____ Phone: _____

One of our investigator's will visit your home within 60 days after we receive your application. Please provide exact directions, including description of the house. Be sure your address is on your mailbox or at the end of any lane. Thanks.

Office Information

Date Received: _____ Investigator Assigned: _____

Date Approved: _____