

SOUTHERN CALIFORNIA THOROUGHBRED RESCUE ADOPTION /OWNERSHIP TRANSFER APPLICATION

NAME:

DATE OF BIRTH:

ADDRESS:

HOME PHONE:

WORK PHONE:

CELL PHONE/PAGER:

EMAIL ADDRESS:

DRIVERS LICENSE NUMBER (Please attach a scan or copy of your license):

EMPLOYER NAME:

EMPLOYER ADDRESS:

Please answer the following questions as completely as you can, and check all of the boxes that apply. If you want to add more detail than can be provided in the spaces below, you may attach a separate piece of paper. Return completed application, with an original signature, to: Southern California Thoroughbred Rescue, PO Box 5, Norco, CA 92860.

INFORMATION SHEET AND QUESTIONS:

1. Applicant's riding experience: experienced somewhat experienced limited in experience no experience

2. Applicant's general horse/care experience: experienced somewhat experienced limited in experience no experience

3. Applicant's experience with former racehorses: experienced somewhat experienced limited in experience no experience

4. Applicant's planned use of the horse: trails/pleasure shows/flat shows/jumping companion handicap program youth program other

If "other", please explain:

5. Given that you are planning to adopt a horse which has been trained only to race:

- I am experienced and intend to train the horse myself.
- I will hire my own trainer to retrain the equine.
- I would like to hire a trainer, but do not know of any.

6. If you plan to use the help of a trainer or friend to retrain the horse, please provide their name and telephone number:

Trainer name and telephone number:

7. Have you ever been responsible for the care of a horse before? Yes No

If yes, how long ago and under what circumstances?

If this is the first time you will be responsible for the care of a horse, will you be working with or hiring someone to teach you about essential care? Yes No

If yes, name and telephone number:

8. Who will be responsible for daily care of the horse? Self Other (s)

If you checked other, in caring for horses is this person(s): experienced somewhat experienced no experience

If any caregivers are under 18 years in age, list their names, ages, and the name of the person who will be supervising:

9. Have you sold any horse or pony within the last five (5) years? Yes No

If yes, how long ago and under what circumstances?

10. Have you ever adopted any animal from another non-profit organization? Yes No

If yes, which organization and animal did you adopt?

If yes, do you still have the animal?

11. Please list any/all other equines and/or animals you now have, the type, their names and their ages:

12. Will the horse be stabled on your property? Yes No

If no, please complete provide the following information on where you will board a horse:

Name of Facility:

Facility Address:

Name of Manager and Telephone Number:

Veterinarian Name and Telephone Number:

Farrier Name and Telephone Number:

13. Will the horse be provided with an equine companion? Yes No

If yes, how many?

14. Describe the shelter to be provided for horse:

15. What type of fencing encloses the turn-out area?

16. How large is the turn-out area?

17. For how long will the horse be turned out each day?

18. Feeding Schedule: please complete all information:

Type of Hay:

Quantity/Frequency:

Describe Storage:

Type of Grain:

Quantity/Frequency:

Describe Storage:

19. Will you provide clean water for the horse 24 hours per day? Yes No

Describe how water will be supplied to the horse:

20. Describe how you will provide the following for the horse:

Worming/Parasite Control:

Farrier/Hoof Trimming/Shoeing:

Dental/Float Teeth:

Shots/Immunizations:

21. Equine health and detecting serious conditions:

What are the symptoms of colic in a horse, and how would you respond to them?

If a horse is underweight, how would you improve his condition?

For what reasons would you call a veterinarian?

What are the symptoms of founder or laminitis?

What would you do if a horse foundered?

22. Is there a specific horse, that we have listed, that you are currently interested in?

23. Are you financially able to support a horse?

24. Horses can live for 30 years or more. Are you prepared to make a lifetime commitment to a horse? How would you retire him if he could no longer perform in his intended use?

APPLICANT REFERENCES: (no relatives or spouses, please)

Veterinarian Name:
Address:
Telephone Number:
How long have you used this vet?

Farrier Name:
Address:
Telephone Number:
How long have you used this farrier?

Prior Boarding Facility Name:
Address:
Telephone Number:
How long have you known this person?

General Name:
Address:
Telephone Number:
How long have you known this person and in what capacity?

General Name:
Address:
Telephone Number:
How long have you known this person and in what capacity?

Thank you for your interest, and please stay in contact with us by phone, email or letter to be up to date on the approval of your application.

Signature of applicant:

(Signature)

(Print name)

(Date)