



13 HANDS EQUINE RESCUE, INC.
50 TUSCAN WAY
CLINTON CORNERS, NY 12514
CELL: (914) 325-4941
INFO@13HANDSEQUINE.ORG

ADOPTION APPLICATION

PLEASE PRINT CLEARLY

Name: _____ Date: _____

Street Address: _____ City _____ State _____ Zip Code _____

Home Phone: _____

Cell: _____

Personal Email: _____

Employer: _____

Employer Address: _____

Employer Phone: _____

• • • • • • • • • • • • • •

Facility where horse will be located: _____

Facility Contact Name: _____

Facility Address: _____

Facility Phone: _____

*****Approval of an adoption application may be subject to change if the applicant's boarding situation has changed after being approved.*****

Question	Response
Do you currently own a horse(s)? If yes, how many?	
How many years?	
How many other horses are at the property where you will be keeping the horse?	
Is there shelter provided for the horse? If so, what kind? (run-in, stall or none)	
Number and size of stalls in barn?	
Number of acres for horse turnout?	
How much turnout time will the horse have?	

How is water provided?	
What type of fencing? Any barbed wire or electric fencing?	
Were you looking at a specific horse listed on our website? If so, who?	
Have you, or anyone who will be involved with this horse, ever been involved in an Animal Cruelty or violent crime case? If Yes, please explain.	

Prohibited uses: **Under no circumstances can the adopted horse be used for **breeding purposes nor can the adopted horse be sold or rehomed.** If you can no longer care for the adopted horse, for any reason, the horse must be returned to 13 Hands Equine Rescue, Inc.*

Veterinarian Name & Name of Practice: _____

Address: _____

Phone: _____

Email: _____

• • • • • • • • • • • • • •

Farrier Name: _____

Address: _____

Phone: _____

Email: _____

Three references needed below *(Non-family members) COMPLETE NAME AND NUMBERS**

1) Reference Name: _____

Reference Phone: _____

Your relationship to this reference: _____

2) Reference Name: _____

Reference Phone: _____

Your relationship to this reference: _____

3) Reference Name: _____

Reference Phone: _____

Your relationship to this reference: _____

Describe your horse experience.

*****Any horse(s) chosen for purpose of riding must be vetted by the applicant prior to adopting. Any non-riding equine, we strongly suggest a vet check.***

Is there anything else you want us to consider?

Page 3 of 3