

HPS ADOPTION FORM

I. APPLICANT INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email Address: _____

II. HORSE INFORMATION

1. Gender: Gelding _____ Mare _____ Stallion _____

2. Age of horse (in years): -2 _____ 2-4 _____ 4-6 _____ 6-10 _____ 10-15 _____ 15+ _____

3. Intended use of the horse: Companion _____ Trail/Pleasure _____

Other (please describe) _____

4. Do you currently own any horses? _____ Have you owned horses in the past? _____

If so, when, for how long, and what types? _____

5. Please describe your experience in handling, caring for, riding, and training of horses:

III. EQUINE CARE – MEDICAL & NUTRITIONAL

1. Do you have an adequate supply of feed on hand or available? _____

2. Do you have experience in feeding? _____ For how long? _____

3. Please provide the name and contact numbers for your veterinarian:

4. Please provide the name and contact numbers for your farrier:

5. Do you have a worming program in place? _____ Please describe: _____

6. Do you have a dental program in place? _____ Please describe: _____

7. Do you have adequate shelter for the horse? _____ Please describe: _____

IV. EQUINE CARE – FACILITIES

1. Please provide the address of the facility where the horse will be kept:

Address: _____

City: _____ Province: _____ Postal Code: _____

Is this a boarding facility? Yes _____ No _____

Is this private property? Yes _____ No _____

2. If this is not your own property, please provide the following information:

Name of boarding facility: _____

Name of contact person: _____

Phone: _____ Barn Phone: _____

V. PERSONAL REFERENCES

(Please do not use immediate family members)

1. Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email Address: _____

How long have you known this person? _____ Relationship: _____

2. Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email Address: _____

How long have you known this person? _____ Relationship: _____

3. Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email Address: _____

How long have you known this person? _____ Relationship: _____

VI. DECLARATION

I agree by signature of this document to accept full ownership and responsibility for the horse herein described. I also agree to provide the best care I can for said animal. If I find myself unable to keep the horse, or continue with its care, I agree to contact Horse Protection Society of BC or its agent to offer them first right of refusal. I agree not to sell this horse at auction. I understand that it is the policy of the Horse Protection Society of BC not to breed unregistered horses. I agree to having a Horse Protection Society representative/agent perform at least one home visit after the horse has had a chance to settle in to his/her new environment.

Name of Applicant (*Please print*): _____

Signature of Applicant: _____ Date: _____

Name of Representative/Agent for
Horse Protection Society (*Please print*): _____

Signature of Representative: _____ Date: _____

Witness Signature: _____ Date: _____

Adoption Fee: _____

Paid by: _____ Date paid: _____
(*Cheque/Money Order/Cash/Other*):

Payment received in full by: _____
(*signature of HPS Rep*)

- OR -

Alternate agreement: _____

Initials of Applicant: _____ Initials of HPS Rep: _____