



PLEASE RETURN TO:  
42 Arneytown-Hornerstown Rd., Cream Ridge, NJ 08514 P: 609-738-3255 F: 609-738-3258 E-Mail: SRFadoption@gmail.com

### APPLICATION

Please circle all that apply:

I am interested in: \_\_\_\_\_ Adoption \_\_\_\_\_ Foster Care \_\_\_\_\_ Both

Name of Horse you would like to Adopt/Foster \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_ (Must be at least 18 years old)

Address \_\_\_\_\_

(If Rural Route, include actual street name and address)

City \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

Work # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

Where is the best place to reach you between the hours of 9-5 EST?  Home  Cell  Work  Email

E-MAIL \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

### **Applicant References:**

(Please do not use family members)

NAME OF YOUR PRESENT HORSE VET (no relatives): \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ How long have you used this vet? \_\_\_\_\_

NAME OF YOUR PRESENT SMALL ANIMAL VET (no relatives): \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ How long have you used this vet? \_\_\_\_\_

NAME OF YOUR FARRIER (no relatives): \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

How long have you used this farrier? \_\_\_\_\_

NAME OF TRAINER: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

NAME OF PERSONAL REFERENCE (work or school): \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

In what capacity? \_\_\_\_\_

NEIGHBOR (cannot be a relative): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Horse Preferences

<b>Gender:</b>	<input type="checkbox"/> Gelding	<input type="checkbox"/> Gelding		
<b>Color</b>	<input type="checkbox"/> No Preference	<input type="checkbox"/> Black	<input type="checkbox"/> Bay ( <i>more readily available</i> )	<input type="checkbox"/> Other:
<b>Age of Horse:</b>	<input type="checkbox"/> No Preference	<input type="checkbox"/> Young (1-12)	<input type="checkbox"/> Teenager (13-19)	<input type="checkbox"/> Seasoned (20+)
<b>Size:</b>	<input type="checkbox"/> No Preference	<input type="checkbox"/> 14-15 hands (average size)	<input type="checkbox"/> 15-16 hands	<input type="checkbox"/> 16+ hands

Who will use the horse the majority of the time? \_\_\_\_\_

Height & weight of person who will be riding: Height \_\_\_\_\_ Weight \_\_\_\_\_

What will you use the horse for? \_\_\_\_\_

Briefly describe riding experience:

\_\_\_\_\_  
\_\_\_\_\_

How long has it been since you've ridden a horse? \_\_\_\_\_

Please check all you have experience with and what level.

Tacking a horse  Beginner  Intermediate  Advanced

Handling a horse?  Beginner  Intermediate  Advanced

Lunging a horse?  Beginner  Intermediate  Advanced

Taking a horse from pasture when other horses are present?  
 Beginner  Intermediate  Advanced

Loading and unloading a horse in trailer?  Beginner  Intermediate  Advanced

How would you rate yourself in regards to horse care and riding?  Beginner  Intermediate  Advanced

How would you rate the main rider of horse, if not applicant?  Beginner  Intermediate  Advanced

How will you use your horse?  Trail/Pleasure  Shows/Event  Driving (Please elaborate) \_\_\_\_\_

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On an average how many days per week will this horse be ridden or driven? \_\_\_\_\_

Period of time each session at: Walk \_\_\_\_\_ Trot \_\_\_\_\_ Canter \_\_\_\_\_

How long have you been searching for a new horse? \_\_\_\_\_

Have you ever owned a horse or a pony before?  Yes  No

If not, have you ever been responsible for another's horse or pony and for how long and under what circumstances? \_\_\_\_\_

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Please list all horses sold/given away/died within the last 5 years (details, please):

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List all horses you now have, their names, ages, and uses: \_\_\_\_\_

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Please list any other animals (dogs, cats, cows, etc) you have, and their names: \_\_\_\_\_

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Have you ever quarantined a horse?  Yes.  No

If you have, what measures have you taken to properly quarantine? \_\_\_\_\_

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**Any questions? Please call or email us.** P: 609-738-3255 Email: SRFadoption@gmail.com

## Stabling Information

This horse will be stabled at:  Boarding Facility  Home  My property, other than home

Name of facility \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #(\_\_\_\_\_) \_\_\_\_\_ Name of Contact Person \_\_\_\_\_

Name of Barn Vet \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Name of Barn Farrier: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

- Describe the horse shelter: Barn size \_\_\_\_\_ Box Stall Size \_\_\_\_\_ Run In Shed \_\_\_\_\_
- Type of flooring in shelter: \_\_\_\_\_
- What type of fencing encloses the turnout area? \_\_\_\_\_  
\_\_\_\_\_
- What is approx. size of the turnout area: \_\_\_\_\_ Number of horses at the facility? \_\_\_\_\_
- How long will your horse be turned out each day? \_\_\_\_\_
- What type of hay is used & in what amount per day? \_\_\_\_\_
- What is the grain stored in & where is it stored? \_\_\_\_\_
- What arrangements have been made to provide clean water for the horse 24 hours per day?  
\_\_\_\_\_
- How often will/do you deworm your horse? \_\_\_\_\_ List products used. \_\_\_\_\_
- How often will/do you have your horse's teeth floated? \_\_\_\_\_ Farrier Trim/Shoe? \_\_\_\_\_
- How often will/do you inoculate? \_\_\_\_\_ Do you use a veterinarian for vaccinations? \_\_\_\_\_
- How would you introduce an adopted horse to his/her new environment and pasture mates? \_\_\_\_\_  
\_\_\_\_\_
- For what reasons would you call a Vet? \_\_\_\_\_
- Describe the area/situation in which you would feed two or more horses turned out together: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Photos REQUIRED Prior to Finalizing Application

Close-up pictures are appreciated by snail or email

### Enclosing pictures with your application will expedite the application process

1. Barn and/or run-in shed, in& out.
2. Hay, grain, grain containers & storage areas.
3. Inside of stall/shelter including flooring.
4. Turnout(s) all fencing & water provisions.
5. Other horses at facility, if applicable.
6. Any other animals currently in your care.

If you are unsure how to answer a question, or would like to speak to someone, please do not hesitate to call our office or email us at: **609-738-3255, Email: SRFAdoption@gmail.com**

Checklist: Included description of your ideal horse, answered all questions, attached photos, signed and dated the application. Included an optional donation of \$25.

\_\_\_\_\_  
Signature of Applicant (Applicant must be at least 18 years of age)

\_\_\_\_\_  
Date

Please describe your ideal horse: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about SRF? Friend \_\_\_\_\_ Website \_\_\_\_\_ (Please list search engine)

Newspaper/ Magazine \_\_\_\_\_ (Please tell us which one) Flyer Other \_\_\_\_\_