



Adoption Application

Hope 4 Horses Rescue and Sanctuary
8050 E Twin Oaks Drive • Effingham IL 62401
217-343-7796 Hope4horsesrescue@gmail.com

Date: _____

Full Name of applicant: _____ Date of Birth: _____

Name of co-applicant: _____ Date of Birth: _____

Address (where pet would live) _____

Home & cell Phone #'s: _____

E-mail address: _____

Places of business / employer: _____

Emergency Contact #'s (such as work or relative): _____

Referred by		
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Vet Clinic	<input type="checkbox"/> Ferrier
<input type="checkbox"/> Website	<input type="checkbox"/> Friend Adopted	<input type="checkbox"/> Fundraising events
Other (please explain) _____		

Number of children in the home: _____ Age range: _____

Age range of frequently visiting children: _____

Do all household members know and approve of getting a new equine? Yes No

Type of Dwelling?		
<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Trailer
<input type="checkbox"/> Farm	<input type="checkbox"/> Condo/Townhouse	<input type="checkbox"/> Duplex/Triplex
Other (please explain) _____		

Length of time you have lived at current address? _____

If you've lived at current address less than a year, previous address: _____

Are you expecting to move in the near future? If yes, please elaborate: _____

Own or Rent?

If you rent, do you have the landlord's permission to keep an equine? _____

Please provide Landlord/Apartment contact information for verification. _____

If interested in a particular pet or type of pet (age, color, etc.) - please specify:

<input type="checkbox"/> Mare	<input type="checkbox"/> Gelding	<input type="checkbox"/> Age/color
Other (please explain)		

What type of shelter do you have ?		
<input type="checkbox"/> Barn with stalls	<input type="checkbox"/> Barn with lean-to	<input type="checkbox"/> lean-to
<input type="checkbox"/> Barn with walk in walk out paddock		
Other (please explain)		

What type of feeding program & fencing you have ?		
<input type="checkbox"/> Pasture	<input type="checkbox"/> Hay for winter	<input type="checkbox"/> do you feed grain/oats
<input type="checkbox"/> Wood	<input type="checkbox"/> Barbed wire	<input type="checkbox"/> hot wire fence
Other (please explain)		

Veterinarian's name & phone _____

Ferrer's name:

List any pets you currently have.						
Name	Type/Breed	Age	Length of time owned	Sex	Altered? Yes or No	

List any pets you have previously owned in the past 10 years.					
Name	Type/Breed	Time owned	Altered? Yes or No		Where is pet now? If deceased, cause of death.

Have you ever given up a pet to Animal Control, Rescue or released it at large? Yes No

If yes, why? _____