There is a non-refundable Adoption Application fee of \$35.00, which must be submitted with the application by ONE of the following methods:

1) Mailing both the completed application and a check for \$35 payable to Easy Street Horse & Barnyard Rescue, Inc., 109 Langley Road, Amsterdam NY 12010

2) Submit the \$35 via PayPal to easystreetrescue@aol.com and then scan and email the application.

Note: Application fee is non-refundable and does not apply toward the Adoption Donation for the horse.

Questions: 518-421-0125

Employer's Address:

ADOPTION APPLICATION

Nothing is written in stone regarding adoption guidelines. Our only goal is to find the best home for the horses that pass through our gates. If you can provide that home, we are more than willing to work with you.

| HORSE(S) WANTING TO ADO | <u>·PT:</u> | | | |
|-------------------------------------|---------------------|-------------------|-----------------|----------|
| <u>1.</u> | | | | |
| <u>2.</u> <u>3.</u> | | | | |
| | | | | Y |
| WHAT MEMBER OF THE FAM | ILY IS THE HORSE FO | <u>)R AND WHY</u> | <u>'?</u> | 7 |
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| | PART 1. APPLICAN | NT INFORMA | TION | |
| | | | | |
| | | | | |
| | | | / | |
| Applicant's Name | | Spor | ıse's Name | |
| Street Address | | | | |
| Street Address City, State & Zip | | | | |
| | | | | |
| Is Street Address same as Maili, | ng Address: \ | Y/N? | | |
| If no, then enter mailing address | | | | |
| | | | | |
| _EMAIL: | | | | |
| Home Telephone No. | Cell No | | | |
| risine raispinanta ita. | 7 | | | |
| Applicant's Current Employer: | | | | |
| Applicant & Current Employer: | Position | n· | Annual Salary: | |
| | | | · - | |
| Years with this Employer: | Work Phone: | Hrs wor | ked per week: | _ |
| Employer's Address: | | | | |
| Spouse's Current Employer: | | | | |
| Spouse's Current Employer. | Positior | n: | Annual Salary:_ | |
| | | | • - | |
| Years with this Employer: | Work Phone: | Hrs work | ed per week: | - |
| | | | | |

EASY STREET HORSE RESCUE - ADOPTION APPLICATION

The following information is required for a criminal background check. All information will be protected as Private and confidential: Applicant: Driver's License #: _____ State Licensed: Full Name:_____ Date of Birth: / SSN Full Name: Date of Birth: / / SSN / / ___ State Licensed: Applicant Spouse: Driver's License #: Full Name: ______Date of Birth: ____/___/ SSN / Full Name: ______ Date of Birth: ____ /____ SSN _____ **REQUIRED REFERENCE INFORMATION:** Please provide references regarding your involvement with horses. If you do not currently have horses, then list the veterinarian or animal clinic utilized for your non-equine pets. Vet Name: _____ Phone__ Address: Farrier Name: Phone Address: Phone Riding Instructor Name: _____ Address: Other:_ _____ Name: Phone_ Address: Other:____ Name: Phone_____ Address: **PART 2. EQUINE INFORMATION** HORSES & OTHER ANIMALS OWNED:

NAME

Please list all HORSES currently owned: WHERE STABLED

ACTIVITIES WITH HORSE

EASY STREET HORSE RESCUE – ADOPTION APPLICATION

| In the past five years, have you had any equines pass on | while in your care? Please explain. |
|--|--------------------------------------|
| EQUINE EXPERIENCE If you currently do not have any equines have you previous In the past five years, have you given away or sold any education. | |
| Contact person and phone number: | |
| Relationship to applicant: | |
| Complete if equine property is not owned by applicant: Owner of property if not applicant | |
| How many other equines are in the paddock/pasture? Type and size of shelter in the paddock/pasture: Type of fencing surrounding the paddock/pasture: | |
| Will the equine be kept in a barn or pasture? If the equine is in a barn, what size are the stalls? If the equine is in a barn, how often and how many hours If the equine will be kept in pasture, what size is the padd | will they be turned out?ock/pasture? |
| Example: barns, paddocks, run-ins, stall sizes, etc: | |
| EQUINE PROPERTY LOCATION Equine property location: Describe facility in relation to the horses: | Total Acreage for horses: |
| OTHER ANIMALS: Please list all other animals currently owned: | |
| If none currently owned, list any past owned, when ar | nd why no longer owned: |
| How many equines do you currently have? Date of last vaccinations for your equine/s: Date the equine/s were last dewormed: Date of last negative Coggins, please list date on all equire | |
| CURRENT EQUINE INFORMATION | |

EASY STREET HORSE RESCUE – ADOPTION APPLICATION

| What do you plan on using this equine for? |
|---|
| How much time per week do you plan on spending with the equine? |
| Describe your experience with handling, caring for, riding, and/or training equines. |
| CARE: Who will be feeding the equine? How often do you plan on feeding the equine? How often do you plan on having a farrier trim or shoe the equine? How often do you plan on worming the equine? How often to you plan on having a veterinarian visit the equine? Vet's name if not listed previously: |
| Have you or any member of your family, or your spouse or spouse's family ever been charged/arrested for any type of animal welfare violation? Was there a conviction? |
| ACKNOWLEDGEMENT: The potential adopter(s),, give permission for all persons and facilities listed in this application to release all data, regarding applicant(s), to Easy Street Horse & Barnyard Rescue, Inc. (ESHBR). I/We hold harmless any actions arising from release of the information from my contacts to ESHBR. I/We understand that the ESHBR may perform a background check to verify my/our personal information as |
| well as check for any criminal convictions for animal abuse and/or neglect. By signing this application, I understand that if I adopt an equine from the ESHBR I will be subject to occasional follow up visits. |
| Applicant/s signature Date |
| Printed Name/s of Applicant/s |
| Applicant/s signature Date |
| Printed Name/s of Applicant/s |