



Easy Street Horse & Barnyard Rescue, Inc.

“Your **Gift** gives **Life** to a Horse”

518-421-0125
109 Langley Road
Amsterdam NY 12010
easystreetrescue@aol.com

An IRS 501(c)(3) public charity EIN 16-1771605

Equine Adoption Application

Equine Adoption Application fee \$35.00 must be submitted with the application. Note: Application fee is non-refundable and does not apply toward the Adoption Donation for the horse. Submit application and fee by either method:

- 1.) Deliver in person both application and fee of \$35.00
- 2.) Mail both the completed, and signed application, and a check for \$35 payable to Easy Street Horse & Barnyard Rescue, Inc., 109 Langley Road, Amsterdam NY 12010
- 3.) Submit the \$35 via PayPal to easystreetrescue@aol.com and then scan and email the application.

Adoption Principles

Nothing is written in stone regarding adoption guidelines. Our main 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. We try, to the best of our ability, to fit the horse with the person. We do not adopt horses on a “first come basis”.

*An Adoption of a Horse is a **BIG** Commitment. We look for forever homes. Thus, we need to know **WHY** you want a horse, in particular **THIS** horse. We need to know that you can afford a horse financially. We are not prying to be nosy, but we are asking on behalf of the horse. He/she wants to know “can you afford to take care of me?”, “will you love me for all my life? – even if I’m old or if I’m laid up for a long period of time?”*

*We do not adopt to persons whom do not intend to keep the horse for life, such as brokers/trainers etc. We do not allow the horse to be offered for off-site lease. The person adopting must have site control of the horse. We adopt to persons with the best intentions of providing a life time home. If you adopt the horse we understand “life” may get in the way, and sometimes one cannot keep the horse. Thus, we **ALWAYS** will take the horse back – no questions asked. If you cannot keep the horse, but know someone whom would provide a good home – Easy Street Horse Rescue (ESHR) must approve this new person. Otherwise, you must return the horse to ESHR. Please remember, ESHR is always seeking what is best for the horse.*

Part 1 – Which Horse and Why?

. HORSE(S) WANTING TO ADOPT:

- 1.
- 2.
- 3.

WHAT MEMBER OF THE FAMILY IS THE HORSE FOR? Why do you want THIS particular horse? What do you plan to do with the horse (events, trail riding, etc) What method of riding (english/western)? ETC

Describe your experience with handling, caring for, riding, and/or training equines.

If the horse you wish to adopt is not trained, you will need to obtain a trainer. If you intend to train the horse yourself then provide detailed information on your training ability and how you obtained it. Provide at least 2 persons that can attest to your ability to train a horse.

How much time to you plan to spend with the horse on a weekly basis? _____

PART 2. APPLICANT INFORMATION

If married, list both persons only if both are applying to adopt the horse. Joint applicants must reside at same address. We consider the financial resources of only person(s) whom are requesting to adopt the horse:

Full Legal Name(s) of Adopter(s):	Street Address:	City, State, Zip:
1. 2.		
Home Phone & Cell Phone:	Mailing Address (if different):	Email Address:
Home: Cell 1: Cell 2:		1. 2.
On Facebook? List Name:	Driver's License No. – State:	Date of Birth:
1. 2.	1. 2.	1. 2.

Applicant 1 *Employment (For Past 5 years – If have not worked for past 5 years – indicate why):*

Current Employer Name:	Street Address, City, Zip	Employer's Personnel Dept Phone# to verify employment:	Your Position Title, Duties:	Weekly Wage:	Weekly Hours:	Your Start Date:
Past Employer Name1:	Street Address, City, Zip	Employer's Personnel Dept Phone# to verify employment:	Your Position Title, Duties:	Weekly Wage:	Weekly Hours:	Start/End Date & Reason for Leaving:
Past Employer Name2:	Street Address, City, Zip	Employer's Personnel Dept Phone# to verify employment:	Your Position Title, Duties:	Weekly Wage:	Weekly Hours:	Start/End Date & Reason for Leaving:

Applicant 1:

How many persons, other than applicant, do these wages and/or financial resources provide support? Please provide names, relationship to applicant, and percentage of support.

Provide details of any other Financial Resources (Other income/savings etc):

Do you have any arrangement to work off or barter for hay, board etc that provides for the "keep" of the horse?

If yes, please provide details:

Financial Summary:

Weekly take home amount: \$ _____

Cost of horse board/barn: _____

Does above include hay?

Applicant 2 Employment (For Past 5 years – If have not worked for past 5 years – indicate why):

Current Employer Name:	Street Address, City, Zip	Employer's Personnel Dept Phone# to verify employment:	Your Position Title, Duties:	Weekly Wage:	Weekly Hours:	Your Start Date:
Past Employer Name1:	Street Address, City, Zip	Employer's Personnel Dept Phone# to verify employment:	Your Position Title, Duties:	Weekly Wage:	Weekly Hours:	Start/End Date & Reason for Leaving:
Past Employer Name2:	Street Address, City, Zip	Employer's Personnel Dept Phone# to verify employment:	Your Position Title, Duties:	Weekly Wage:	Weekly Hours:	Start/End Date & Reason for Leaving

Applicant 2:

How many persons, other than applicant, do these wages and/or financial resources provide support? Please provide names, relationship to applicant, and percentage of support.

Provide details of any other Financial Resources (Other income/savings etc):

Do you have any arrangement to work off or barter for hay, board etc that provides for the “keep” of the horse? If yes, please provide details:

Financial Summary:

Weekly take home amount: \$ _____

Cost of horse board/barn: _____

Does above include hay?

PART 3. APPLICANT 'S CURRENT AND PAST ANIMAL OWNERSHIP

A. PLEASE LIST ALL HORSES CURRENTLY OWNED, OR IN PAST (if past indicate why no longer own)

Horse/Pony Name:	Stabled Location:	Last Vet visit & reason:	Vaccination date, type:	Dates of Ownership:	Activities with horse:

In the past five years, have you given away or sold any equines? Please explain.

In the past five years, have you had any equines die while in your care? Please explain.

Have you ever sold a horse at auction? If so, when and what auction?

OTHER ANIMALS:

Please list all other animals currently owned:

Veterinarian that cares for these animals – provide name and phone:

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? _____ Date, County, State: _____ Was there a conviction? _____

If yes, describe in detail: _____

PART 4. EQUINE BOARD LOCATION AND CARE:

Note: Barbed Wire is not permitted. Also, there must be at least one other equine on property.

Equine property location: _____ Total Acreage for horses: _____

Describe facility in relation to the horses: Example: barns, paddocks, run-ins, stall sizes, etc: Be sure to describe type of fencing.

Will the equine be kept in a barn or pasture with run-in? _____

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 will they be turned out? _____

If the equine will be kept in pasture, what size is the paddock/pasture? _____

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: _____

Complete if equine property is not owned by applicant:

Owner of property if not applicant _____ Relationship to applicant: _____

Property owner's full address: _____

Name of the facility: _____ Address: _____ How many equines are on this property? _____

Contact person and phone number: _____

What type of boarding will be provided? _____ Full/partial, etc, also provide cost for boarding _____.

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 ever utilized an equine chiropractor? Reason? Outcome?

REQUIRED REFERENCE INFORMATION: We must have at least 3 references

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. Indicate what type of pets, if not horses.

Vet Name: _____ Phone _____ Address: _____

Farrier Name: _____ Phone _____ Address: _____

Riding Instructor Name: _____ Phone _____ Address: _____

Relationship: _____ **Name:** _____ Phone _____ Address: _____

Relationship: _____ **Name:** _____ Phone _____ Address: _____

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW?

ACKNOWLEDGEMENT and AGREEMENT:

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, agree to all of the above, and I understand that if I adopt an equine from the ESHBR I will be subject to occasional unscheduled follow up visits. In addition, I agree to provide at least one current picture of myself and my horse together at least annually. I also understand that should I adopt the horse, I must provide any changes in my and my horse's living/boarding locations within 10 days to ESHBR and that I may **not** transfer ownership of the horse without prior approval from Easy Street Horse Rescue.

Applicant1 signature Date Applicant2 signature Date

Printed Name of Applicant1: Printed Name of Applicant2: