



SKAGIT ANIMALS IN NEED

SAIN prevents and responds to animal cruelty and neglect in support of animal control and law enforcement.

Adoption Application

Name of horse: _____

*Per Veterinarian recommendation, the weight of rider & equipment should not be more than 20% of the adopted horse's own weight.

Our goal is to adopt our animals to people who are committed to lifelong care of the animals they adopt. Typically, horses that are well-cared for can live to be 25-35 years of age, barring other health issues. While we understand that sometimes things happen that can disrupt the best of plans or intentions, we also ask that you consider carefully whether you can anticipate any reason you might be unable to make a lifetime commitment to this animal. If your adoption application is approved, we will request that you contact us if your situation changes such that you are no longer able to keep or provide proper care for the animal, for any reason. We will also require a no-breeding contract.

How did you hear about SAIN or the horse you are interested in adopting?

Website _____ Facebook _____ Advertisement _____ Other _____

1. Personal Information:

Name: _____

Address: _____

Phone Number 1: _____

Phone Number 2: _____

Email: _____

Best time and day to reach you: _____

Occupation: _____

Length of employment: _____

Annual household income: _____

2. Intended use of horse:

- | | | |
|---|--|--|
| <input type="checkbox"/> Trail riding | <input type="checkbox"/> Showing | <input type="checkbox"/> Gaming |
| <input type="checkbox"/> Pleasure riding | <input type="checkbox"/> Dressage | <input type="checkbox"/> 4H/WAHSET |
| <input type="checkbox"/> English Pleasure | <input type="checkbox"/> Eventing | <input type="checkbox"/> Pony Club |
| <input type="checkbox"/> Western Pleasure | <input type="checkbox"/> Jumping | <input type="checkbox"/> Drill Team |
| <input type="checkbox"/> Endurance | <input type="checkbox"/> Driving | <input type="checkbox"/> Leadline |
| <input type="checkbox"/> Reining | <input type="checkbox"/> Obstacles | <input type="checkbox"/> Therapy Horse |
| <input type="checkbox"/> Pasture Ornament | <input type="checkbox"/> Companion Pet | <input type="checkbox"/> Lesson Horse |
| <input type="checkbox"/> Other: _____ | | |

3. Will your horse be kept at home or boarded?

If at home, do you: own or rent?

If boarded: Name of facility: _____

Barn owner's name: _____

Address of facility: _____

Type of care: Full Partial Self

4. Do you currently own any horses? yes no

If so, please list age, breed, sex, and current use of each:

If not, have you previously owned horses? yes no

If so, please indicate whether horse was sold given away or died

Age and cause of death: _____

5. Describe your feeding program: _____

6. Total pasture acreage: _____

Drylot available? yes no

7. Type of shelter: _____

8. Type of fencing: _____

9. How often do you plan to vaccinate? _____

Date of last vaccinations and types: _____

10. How often do you plan to deworm? _____

Date of last deworming or fecal test: _____

11. How often do you plan to trim or shoe? _____

Date of last farrier visit: _____

12. How often do you plan to do dental floats? _____

Date of last dental float: _____

13. Please describe your prior experience with horses: _____

14. Please describe your training philosophy. If you are interested in adopting a young or unstarted horse, please include your training plan: _____

15. Please provide three personal references (only one of whom may be related to you):

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

16. Please provide the name and contact information for your veterinarian:

Name: _____ Phone Number: _____

17. Please provide the name and contact information for your farrier:

Name: _____ Phone Number: _____

18. Please provide the name and contact information for your trainer:

Name: _____ Phone Number: _____

19. If the horse you intend to adopt is rideable, do you plan to care for the horse for its lifetime, even after it can no longer be ridden? yes no

20. Will you allow a SAIN representative to do a site visit and will you accept follow up phone calls and visits? yes no

I certify that the information I have provided is true and accurate to the best of my knowledge.

Signature: _____ Date: _____