

E.R.R. Placement Application

NAME	
DATE OF BIRTH	
DATE OF APPLICATION	
ADDRESS	
HOME PHONE	
WORK PHONE	
CELL PHONE/PAGER	
EMAIL ADDRESS	
DRIVERS LICENSE # & STATE	

Please answer the following questions completely. Please check all that apply. If more detail is needed, you may attach a separate piece of paper. Return completed application, with an original signature and your \$10 application fee to: Equine Rescue Resource Inc. PO Box 158, Throgs Neck, NY 10465 (845) 744-1728

1. Applicants riding level: experienced somewhat experienced limited in experience no experience

2. Use of the equine: trails/pleasure shows companion handicap program youth program other

explain "other"

3. In the event you adopt a young horse or an untrained horse:

I am experienced and intend to train the equine.

I would like to hire my own trainer to retrain the equine.

I would like to hire a trainer, but do not know of any.

4. If you plan to use the help of a trainer or friend please provide their name and telephone number:

Trainer

5. Have you ever been responsible for the care of an equine before? Yes No

If yes, how long ago and under what circumstances?

If this is the first time you will be responsible for the care of an equine, will you be working with or hiring someone to teach you about essential care? Yes No

If yes, name and telephone #

6. Specifically, who will be responsible for daily care? Self Other (s)

If you checked other, in caring for equines, is this person(s): experienced somewhat experienced no experience

If any caregivers are under 18 years in age, list their names, ages, and the name of the person who will be supervising:

6. Have you sold any equines within the last five (5) years? Yes No

If yes, how long ago and under what circumstances?

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7. Please list any/all other equines and/or animals you now have, the type, their names and their ages:

8. Will the equine be stabled on your property? Yes No

If no, please complete provide the following information on where you will board a horse:

Name of Facility	
Facility Address	
Name of Manager and Phone #	
Veterinarian Name and Phone #	
Farrier Name and Phone #	

9. Will this horse be provided with an equine companion? Yes No If yes, how many

10. Describe shelter to be provided for horse:

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11. What type of fencing encloses the turn-out area?

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12. How large is the turn-out area? _____

13. How long will the equine be turned out each day? _____

14. Feeding Schedule, please complete all information:

What type of Hay	
Quantity/Frequency	
Describe Storage	
What type of Grain	
Quantity/Frequency	
Describe Storage	

15. Will you provide clean water for the equine 24 hours per day Yes No

16. Describe how you will provide the following:

Worming/Parasite Control	
Farrier/Hoof Trimming/Shoeing	
Dental/Float Teeth	
Shots/Immunizations	

21. Equine health and detecting serious conditions:

Do you know the signs of colic & how to handle it?	
If the equine is underweight, how would you improve his condition?	
For what reasons would you call the vet?	
Do you know the signs of founder?	
What would you do if the equine foundered?	

How would you feed two or more equines turned out together?	
If you feed two or more equines in one paddock and one is losing weight, what might be the cause?	
How can you tell your horse is lame?	

APPLICANT REFERENCES (no relatives or spouses, please)

Veterinarian	Name: Address: Telephone #	How long have you used this vet?
Farrier	Name: Address: Telephone #	How long have you used this farrier?
Neighbor	Name: Address: Telephone #	How long have you known this person?
General	Name: Address: Telephone #	How long have you known this person?
General	Name: Address: Telephone #	How long have you known this person?

It is helpful to know where you have heard of us: Newspaper Magazine Article Friend Online Other (Please specify):

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Describe the type of horse you are looking for.

Is there a specific horse you are currently interested in?

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Are you employed? _____

Are you aware of the costs associated with properly caring for a horse? _____

Are you financially able to support a horse? _____

Horses can live 30 years, are you prepared to make a long term commitment? _____

IMPORTANT NOTE: You, as the adopter, are required to provide for all of the needs of the equine placed with you. This includes, but is not limited to, year-round shelter appropriate for horses, free access to water, quality grain and hay, routine vaccinations, annual dental care, routine hoof care, a rotational deworming program and in general, a healthy and safe living environment. You are also responsible for providing veterinary care as necessary in the event of illness or accident. You must send ERR an annual note from your veterinarian, which states the equine is in good health and up to date on all vaccinations, coggins and deworming. A photograph of the horse taken within 15 days of the vet exam must also accompany the vet's note.

In the event Equine Rescue Resource Inc. cannot conduct a pre-adoption site inspection, we require photographs of the shelter and turn-out area where you intend to board the equine. We would also appreciate pictures of any animals you own now. These pictures will be returned if you include a self-addressed and stamped envelope.

Thank you for your interest, and please stay in contact with us by phone, email or letter to be up to date on the approval of your application.

Enclosed is my check payable to the Equine Rescue Resource Inc. for the \$10.00 application fee, which will enable the processing of this application.

Signature of applicant or person responsible for the equine's care if primary caregiver is under 18 years in age:

_____ (Signature)

_____ (Print name)

_____ (Date)

For Office Use Only:

Approval Status:	
Equine:	
Applicant:	
SS:	
Donation:	
Date of Placement:	