

Adoption Application Form

*Thank you for offering to provide a loving new home for one of our rescued horses or ponies!
Please fill in this form and return it as soon as possible to Second Chance.*

Full name: _____ Member's Number: _____

Address: _____

Home Ph: _____ Mobile: _____

Email Address: _____

Name of the horse or pony you are applying to Adopt:

The Address that you wish to keep your Adopted horse or pony at:

If this is NOT your own address, please supply us with reliable contact names and numbers for this address:

This address is: *(Please tick)*

- My own home
- A property that is rented under my name and where I live
- Land that is leased under my name
- A professional Agistment Centre
- A family member's, friend's or acquaintance's home where I agist

Please indicate how much time you will be able to spend caring for and with your Adopted horse/pony: *(please tick)*

- Half an hour a day
- An hour a day
- Two hours a day
- More

Please indicate your previous Equine experience *(please tick)*:

- I am able to handle a horse or pony confidently and have had approximately 2 years of regular horse care experience
- I am an intermediate horse person with several years of horse care behind me
- I am an intermediate to experienced horse person with 6 or more years of equine experience behind me
- I am an experienced horse person with 10 or more years of horse care experience behind me

Please describe what you would be using the horse or pony for (ie Pony Club, trail riding, show-jumping, endurance, companion only etc):

References:

Please supply names and phone numbers for 3 equine-related references, two of whom must be recognised professionals in the horse industry such as your local Veterinarian, your Farrier, Dental Practitioner, Riding Instructor/Coach, Agistment Center owner, a former or current employer if you work within the horse industry etc.

Professional Reference #1:

Name: _____
Profession/relationship with you: _____
Phone number: _____ Mobile: _____

Professional Reference #2:

Name: _____
Profession/relationship with you: _____
Phone number: _____ Mobile: _____

Personal or Professional Reference #3:

Name: _____
Profession/relationship with you: _____
Phone number: _____ Mobile: _____

ALONG WITH THIS FORM YOU WILL NEED TO PROVIDE COPIES OF:

- Photocopies of 100 points of Identification
 - o One form of photo ID such as an 18 plus card, Driver's license or passport
 - o One form of secondary ID such as a bank card, credit card, any government issued card showing your name and signature (please copy both sides)
- Your Membership Application form and payment if you are not already a current, fully paid-up Member of Second Chance Horse Rescue Inc.

I hereby agree that all information given on this form is 100% correct at the date shown.

Signed: _____

Print name: _____