

Address: P. O. Box 1000 Altoona, IA 50009 - Phone: 515-967-4804 - Fax: 515-967-4963 - Email: iowahart@gmail.com

Adoption	Application
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All persons interested in adopting a horse from HART are required to complete the application in full. Once completed please mail, fax, or email the application to above.

\*\*All adopters must be 21 or older and financially and physically able to provide the proper care to the adopted horse. If under 21, please include 'parent information' to the personal and financial sections. \*\*

## **Personal Info**

1. Full Name

1a. Full Name (Parent or Guardian if Rider is under 21 yrs old)

- 2. Rider's Age
- 3. Rider's Height and weight?

## **Contact Info**

- 4. Complete Home Address
- 5. Home Phone Number
- 6. Work Phone Number
- 7. Cell Phone Number
- 8. E-mail Address

## **Financial Info**

- 9. Where do you work?
- 10. What is your occupation?

11.	Do you work full-time, part-time, or are you self-employed?				
12.	If self-employed, please describe your profession.				
13.	What is your household's total annual income?				
	Under 35K / 35K - 45K / 46K- 60K / 61K-75K / 76K- 100K / 100K & Up				
14.	Will there be anyone helping you pay for the care of the horse? If yes, please explain.				
15.	5. How much do you estimate it will cost per year to own your adopted horse? Please explain.				
	rse Experience and History				
16.	What is your experience with horses?				
17.	Have you owned a horse before?				
	Yes No				
18.	When was the last time you owned a horse?				
19.	Do you currently own a horse?				
	Yes No				
	If so, how many and list the breed of each horse.				
20.	Have you had a horse die while in your ownership and/or care? What were the circumstance for the death?				
21.	What style of riding do you practice? How many years?				
22.	What breeds have you handled and ridden?				
23.	Do you have experience with training green horses? If yes, please explain.				
24.	Have you ever trained an "off the track" Thoroughbred? Did you receive help from a professional trainer or did you do it on your own? Please specify.				
	Yes No				
21.	Have you ever sold a horse? If yes, please explain.				
22.	Are you still in contact with the person(s) you sold the horse to?				

23.	Are you considering a mar	e for breeding pur	poses?	
	Yes	No		
	If yes, what is your experie	ence with breeding	g and foaling?	
24.	How many mares have you	u bred and foaled?		
You	ı and Your Potential Adoj	otion Horse		
25.	Why do you want to adopt	an ex-racehorse?		
26.	What qualities would you	like to have in a ho	orse? (i.e. age, color, sex, s	ize, temperament)
27.	7. What style and level of riding do you wish to achieve?			
28.	8. What riding discipline is your primary focus?			
29.	Are you willing to change Yes	your discipline go No	als to suit your adopted ho	rse's needs?
30.	How often do you want to	ride/drive your ho	orse?	
	Daily 4-6 Time	es Weekly 2-3 T	imes Weekly Weekends	Only 1-2 Times Monthly – Seldom
31.	How would you rate your	riding ability?		
	Beginner	Novice	Intermediate	Advanced
32.	Do you have a trainer? If y	ves, please provide	his/her name and contact i	nformation.
33.	Does your trainer have exp	perience working v	with Thoroughbreds? How	many years?
34.	Will there be anyone else i	riding the horse? I	f yes, explain their experien	nce.
35.	5. What would be your overall goal for the horse?			
36.	If you have an unforeseen horse?	life event (i.e. loss	s of job, divorce, illness, pr	egnancy) what would your plan be for your adopted
37.	When would you like to ac	lopt?		
38.	Are you interested in a spe	ecific horse?		

## **Boarding or Private Facility Info**

39.	D. Please provide the name, address, and phone number of the boarding facility or private farm where the horse will star	
	Name:	
	Address:	
	Phone:	
40.	Who owns the facility?	
41.	Do you live at the facility?	
	Yes No	
42.	Do you currently board at this facility, or have you in the past? Please specify.	
	Yes No	
	105	
43.	If you DO NOT live at the facility, what is the monthly board fee? What does it cover?	
44.	If you DO live at the facility, what do you anticipate paying a month to care for the horse?	
45.	How many horses are currently at the facility?	
46.	Will the horse have a stall or run-in? What are the <u>exact dimensions</u> ?	
	Stall Run-In	
47.	How many total stalls are in the barn?	
48.	If your horse will have a stall, how many hours per day do you plan to have him/her stalled?	
49.	How often & how many hours per day will your horse be turned out?	
50.	Who will be responsible for turning out your horse?	
51.	Does the facility have pasture/paddock turnouts? If yes, how many total acres?	
52.	What type of fencing surrounds the pastures/paddocks? Explain in detail (type of material, # of rails/strands, height)	
53.	How many other horses will the horse be turned out with? Are mares and geldings kept separate or mixed?	

Car	re & Feeding Info
	How many times per day will your adopted horse be fed? Please explain.
55.	Who will be responsible for feeding the horse?
56.	Where will the horse be fed (i.e. stall or pasture)?
57.	If fed in the pasture, how will you assure the horse is receiving the proper and required amount of feed?
58.	What type of grain and hay will the horse be fed?
59.	Based on your experience, how much grain and hay per day do you think the horse will need?
60	Will your house have access to amoss meeture?
00.	Will your horse have access to grass pasture?
61	How often will you de-worm your adopted horse?
01.	Tiow often will you de worm your adopted noise.
62.	What annual vaccinations will your horse receive? Please list.
	·
63.	What is your planned farrier schedule?
Ref	erence Info
64.	Please provide the name and contact info for the vet that has been to the facility where the horse will be kept?
	$** The \ vet \ of fice \ must \ have \ you \ or \ your \ boarding \ facility \ down \ as \ a \ current \ client. \ Please \ specify \ who \ the \ current \ client \ is. \\ **$
	Name:
	Address:
	Phone:
	Fax:
	Please list who the client is (you, facility or both):
65.	Please provide contact info for your farrier?
	Name:
	Phone:
66.	Provide the name and number of two NON- FAMILY references that are experienced with horses and are aware of your horse

67. How did you hear about our program? Please specify.

1.

2.

experience and have been to the facility. Please provide phone numbers.

Ado	option Contract Info		
68.	Have you read the "A	doption Contract" and agree to	the terms and rules governing adoptions from HART?
	Yes	No	
69.	unannounced per the a		she does not have the right to refuse our coming onto their facility e's wellbeing, and if HART is not satisfied with the care of the horse we iate care and control?
70.	that first year. If the a be notified, and the	dopter cannot or does not wish program will help find a solu	Two-Year commitment? (Adopters may NOT sell the adopted horse during to continue to care for the adopted horse during that first year, HART must ion, whether arrangements are made to transfer the adoption to anothe ART's website, or returned to the program.)
71.	months post adoption	_	and visual updates on the adopted horse three (3), six (6), and twelve (12 ne horse's location, feeding info, how and what the horse has been doing ck or blanket.)
72.	2. Do you understand that once all three updates have been submitted, the adopter is legally allowed to sell the adopted horse after the one-year commitment only on the condition that HART is given right of first refusal for either the original adoption price or the amount being offered for sale to the prospective new owner's? Also, HART is given full contact information prior to the sale for the new owner, and in addition that the horse's adoption contract is to remain with the horse till it dies?		
	Yes	No	
73.	Do you understand an	nd agree that the adopted horse	is NEVER, under any circumstances, to be sold at any auction, to a horse
	dealer, or to the Amis	sh? (HART reserves the right to	pursue legal action towards the adopter should this occur).
	Yes	No	
74.	•	·	e that it <b>can take some time</b> for a horse to be returned to the program acceptions may apply in the case of emergency.
	Yes	No	eceptions may appry in the case of emergency.
	SIGNING OR TYPIN	IG YOUR FULL NAME BELO	OW, YOU CERTIFY THAT ALL OF THE INFORMATION THAT YOU E AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.
Name	e		Date
Name	e (Parent or Guardia	n if minor signed above)	Date

Thank you for taking the time to read and understand the application. You will hear from us shortly to schedule a meeting time and date for you to come out and interact with the horses we have in our HART Program!