

**A&A Horse Haven  
Non-Profit Organization  
3810 McNeil Road, Boaz, KY 42027  
Phone: 270-564-7177  
Email: aahorsehaven@gmail.com**

\*\* Please answer all questions as completely. All questions must have a response on the lines offered. If you do not know the answer to the question a "NO" is acceptable. Don't hesitate to call or email us should you have a question on your answer. We always provide educational information before or at the time of adoption.

\*\* WE ALSO OFFER A EDUCATIONAL PAMPHLET TO ANYONE WHO WANTS ONE. ASK ABOUT MORE INFO\*\*

## **Adoption Application**

**Name of applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Secondary Phone:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Years of employment:** \_\_\_\_\_ **Contact/reference:** \_\_\_\_\_

### **Applicant Equine Information:**

**Veterinarian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Farrier Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

- Will this be your first horse to own? \_\_\_\_\_ (Yes/No)
- Have you owned horses before? \_\_\_\_\_ (Yes/No)
- How many horses do you own at this time? \_\_\_\_\_

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- How much pasture is available to your horses at this time?

\_\_\_\_\_

\_\_\_\_\_

- Are you planning on board only? \_\_\_\_\_ (Yes/No)

**Applicant Equine Information: cont'd**

If you currently own horses, please tell us what breed they are? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you use your horses for? (Pleasure, trail, show and lessons)

\_\_\_\_\_

\_\_\_\_\_

If you do not own horses at this time, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Adoption is completed will this horse be kept on your property? \_\_\_\_\_ (Yes/No)

If no, where will the horse be kept and does it have 24/7 coverage for care and emergency?  
\_\_\_\_\_ (Yes/No)

**If kept at another address please fill in below:**

Name of person you are boarding with: \_\_\_\_\_

Address of boarding barn: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

A&A Horse Haven representative makes a facility visits before adoption is complete. Do you have a problem with us doing a site visit? \_\_\_\_\_ (Yes/No)

Describe the pasture, fencing, and shelters that will be available for your horse.

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**Applicant Equine Information: cont'd**

**Currently do you have stallions on the property? \_\_\_\_\_ (Yes/No)**

**If you do have stallions, what is the plan to introduce the new horse, separate the stallions from the new animal and keeping them apart?**

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**Who will be responsible for daily care, feeding and watering your horse?**

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**Who will be responsible to take care of your horse if you are unavailable, vacation or illness?**

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**Name: \_\_\_\_\_**

**Address: \_\_\_\_\_**

**City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**Phone: \_\_\_\_\_**

**Feeding:**

**Who is responsible for feeding your horse daily? \_\_\_\_\_**

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What will be your schedule? Morning time: \_\_\_\_\_ Evening time: \_\_\_\_\_

How often will the horse be fed grain? \_\_\_\_\_

What brand of grain would you feed? \_\_\_\_\_

What type of forage and hay will be provided? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the plan for water? \_\_\_\_\_

\_\_\_\_\_

Will the water be changed every day? \_\_\_\_\_ (Yes/No)

Will water be available at all times? \_\_\_\_\_ (Yes/No)

**Equine physical care:**

How often will the farrier be scheduled for trim or shoe your horse. \_\_\_\_\_.

How often do you plan on your horse's teeth be floated? \_\_\_\_\_

\_\_\_\_\_

How often will your horse receive exercise and what type do you plan to offer your horse?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain your experience with handling, caring for and riding and training of horses?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mark the following that you would be able to identify with your horse. Looking for the main signs of the following.

Laminitis \_\_\_\_\_ Colic \_\_\_\_\_ Rain Rot \_\_\_\_\_ Tick/flea/horsefly/spider bites \_\_\_\_\_

Eye infections \_\_\_\_\_ Cough \_\_\_\_\_ Allergies \_\_\_\_\_ Diarrhea \_\_\_\_\_ Stress \_\_\_\_\_

Fractures \_\_\_\_\_

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- *If this is your first horse and you are not familiar with the above, we at A&A Horse Haven can answer any and all questions and give you resources to find out answers. We offer information for all of the above.*

If you are going to use this horse for riding and/or trail riding what are the ages \_\_\_\_\_  
Weight range \_\_\_\_\_ Height ranges \_\_\_\_\_ of person(s) riding this horse.

What level of rider do you consider yourself? \_\_\_\_\_.

What level of riders would other riders be considered? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

**Your Background:**

Have you ever been charged with animal cruelty? \_\_\_\_\_ (Yes/No) Date: \_\_\_\_\_

If yes, you must present date of this occurrence, what charges filed, who wrote the citations, and in detail the circumstances and the outcome of the incident.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Have you ever been charged with cruelty to mankind? \_\_\_\_\_ (Yes/No) Date: \_\_\_\_\_

Do you have a problem with anger? \_\_\_\_\_ (Yes/No)

If yes, please describe the situation and the outcome?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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**References: (1 may be a relative)**

**Personal**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Years of relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Years of relationship: \_\_\_\_\_

**Equine Professional (Cannot be a relative)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Years of relationship: \_\_\_\_\_  
What is their profession: \_\_\_\_\_

**Completion of Form:**

- \_\_\_\_\_ All answers are complete to the best of your knowledge.
- \_\_\_\_\_ All references are true, as they will be contacted.
- \_\_\_\_\_ All information about my experience is complete.

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- \_\_\_\_\_ Pictures of my pasture, barn and/or boarding facility and any other shelters or barns will be taken and emailed to the A&A Horse Haven at [AAHORSEHAVEN@GMAIL.COM](mailto:AAHORSEHAVEN@GMAIL.COM).

**Adoption Understanding:**

I, \_\_\_\_\_ understand that I am applying for adoption of a horse from A&A Horse Haven. I understand that I must complete the application form and have my home or boarding facility evaluated and approved by a representative of A&A Horse Haven before being allowed to adopt a horse from A&A Horse Haven. I understand that this is just an application and does not guarantee me a complete adoption of the desired horse. I understand that I may not be eligible to adopt the horse that I want for various reasons.

If approved for adoption, I understand that I will be subject to home visits in accordance with A&A Horse Haven and their policy. I also understand that In accordance with the adoption policy, I may never sell, trade, give away, lease out, send to slaughter, the horse

**Adoption Understanding:**

that I adopt. I also understand that I will never be able to use the horse for breeding purposes.

Signed by Adopter: \_\_\_\_\_

Signed by A&A Horse Haven Representative:  
\_\_\_\_\_

Date: \_\_\_\_\_