



## **THE WILD HORSE FOUNDATION**

### **ADOPTION APPLICATION**

**P O BOX 692  
FRANKLIN, TEXAS 77856**

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAIN PHONE: \_\_\_\_\_ FAX PHONE: \_\_\_\_\_

EMPLOYEED FOR HOW LONG: \_\_\_\_\_ ANNUAL INCOME: \_\_\_\_\_

DO YOU RENT OR OWN YOUR HOME?  YES  NO

LANDLORD'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

WILL THE HORSE BE KEPT ON YOUR PROPERTY?  YES  NO

IF YES, DESCRIBE THE AREA AND SHELTER PROVIDED: \_\_\_\_\_

IF NO, LIST THE ADDRESS AND DESCRIPTION OF THE BOARDING/TRAINING FACILITY:

TRAINER/MANAGER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DO YOU CURRENTLY OWN A HORSE?  YES  NO HOW MANY? \_\_\_\_\_

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

IF YOU PREVIOUSLY OWNED A HORSE, PLEASE EXPLAIN WHAT HAPPENED TO IT: \_\_\_\_\_

WHAT TYPE OF HORSE ARE YOU SPECIFICALLY INTERESTED IN?

AGE: \_\_\_\_\_ BREED: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ RANGE OF TRAINING: \_\_\_\_\_

WHAT IS THE HEIGHT AND WEIGHT OF RIDER(S): \_\_\_\_\_

**BRIEFLY DESCRIBE YOUR LEVEL OF EXPERTISE IN THE FOLLOWING AREAS**

RIDING: \_\_\_\_\_

\_\_\_\_\_

HANDLING: \_\_\_\_\_

\_\_\_\_\_

TRAINING: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER GENTLED AND/OR TRAINED A WILD (FERAL) MUSTANG, OR SIMILAR HORSE?  YES  NO

IF YES, PLEASE DESCRIBE THE METHODS YOU USED: \_\_\_\_\_

\_\_\_\_\_

WHO WILL RIDE THE ADOPTED HORSE? \_\_\_\_\_

WHO WILL BE RESPONSIBLE FOR FEEDING YOUR HORSE? \_\_\_\_\_

TRAINING YOUR HORSE? \_\_\_\_\_

GENERAL CARE OF YOUR HORSE: \_\_\_\_\_

HOW MUCH DO YOU ANTICIPATE SPENDING YEARLY FOR FEED? \_\_\_\_\_

MEDICAL CARE? \_\_\_\_\_ WORMING? \_\_\_\_\_ FARRIER? \_\_\_\_\_

HOW OFTEN DO YOU FEEL A HORSE SHOULD BE WORMED? \_\_\_\_\_

HOW OFTEN DO YOU FEEL THE HOOVES SHOULD BE TRIMMED? \_\_\_\_\_

HOW OFTEN SHOULD THE TEETH BE FLOATED? \_\_\_\_\_

HOW OFTEN SHOULD A HORSE RECEIVE VACCINATIONS? \_\_\_\_\_

WHO WILL BE YOUR VETERINARIAN? \_\_\_\_\_ PHONE: \_\_\_\_\_

WHO WILL BE YOUR FARRIER? \_\_\_\_\_ PHONE: \_\_\_\_\_

WHY DO YOU WANT TO ADOPT A HORSE? (USE THE BACK FOR MORE INFORMATION) \_\_\_\_\_

\_\_\_\_\_

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HAVE YOU EVER BEEN ISSUED A WARNING/CITATION FOR HUMANE VIOLATION?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER SURRENDERED A HORSE OR ANIMAL?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

WILD HORSE FOUNDATION WOULD LIKE TO INSPECT YOUR PROPERTY/BARN, WHEN WOULD BE A CONVENIENT TIME? \_\_\_\_\_

**PLEASE PROVIDE THREE REFERENCES**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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I/WE CERTIFY THAT ALL THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

**AFFIDAVIT**

I, \_\_\_\_\_ GIVE THE WILD HORSE FOUNDATION FULL AUTHORITY TO ENTER SAID PROPERTY WHEREVER THE ADOPTED HORSE OR BURRO IS LOCATED BY GIVING FULL CONSENT TO ANY LOCAL LAW ENFORCEMENT/CITY OR COUNTY OFFICER AND BY CONSENTING TO AUTHORIZE ANY COUNTY, CITY OR STATE DISTRICT JUDGE TO ISSUE SAID WARRANT OF SEIZURE TO OBTAIN SAID ADOPTED HORSE OR BURRO.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_