



Misfit Farm Blind Horse Sanctuary Adoption Application

Misfit Farm Blind Horse Sanctuary "MFBHS"

Misfitfarmbhs@gmail.com

Misfitfarmbhs.com

(413) 841-4131

(518) 665-9983

Stephentown NY, 12168

ADOPTER INFORMATION

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ - _____ Email: _____

License # _____ Issue State _____

Current Employer: _____

Job Title: _____

Full time _____ Part Time _____ Other _____

Estimated Annual Income: _____

Do you currently own any equines/farm animals? If yes, please list all animals below:

Name: _____ Species: _____ Sex _____ Age: _____ How long owned: _____

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Are all of your current animals up to date on vaccinations, vet care, farrier care, etc? If no, why not?

Please list any equines/farm animals you've owned in the last 5 years (list name, species, age and what happened to the and/or where they are now:

Have you ever been charged with or convicted of animal abuse or neglect? If yes, please explain: _____

HORSE INFORMATION

Are you interested in a specific horse? If yes, which horse? _____

If no specific horse in mind, what exactly are you looking for in your next equine partner? Please list any preferences on age, height, limitations, etc : _____

What type of horse are you interested in/looking for? Please select all that apply:

Riding Horse Pasture Pet/Companion Other: _____

Level of training required for your new horse? Select all that apply:

Untrained/Unhandled Green/Project Halter Broke Only

Medium to moderate training (basics, may have quirks)

Well trained "everyone safe, husband safe, grandma safe" type

What is your goal for your new horse? _____

Who will be the primary rider of the adopted horse? _____

What level is the primary rider?

Beginner: Very little knowledge and riding experience

Advanced Beginner: Knowledge of the basics, comfortable at walk and trot on a well mannered mount

Intermediate: Knowledgeable about the basics, can comfortably w/t/c, working with a trainer, and can handle a horse with a little spice

Advanced Intermediate: Knowledgeable beyond the basics, can w/t/c, jump a small course, rides with an independent seat and soft hands, can handle a horse with spirit and quirks

Advanced: Very knowledgeable both ridden and with groundwork, has competed in higher levels, may have trained their own horse(s), can handle and train a hot and spirited horse with quirks such as bucking, rearing, bolting, etc.

Licensed Trainer

Do you ride with a trainer? If yes, how often? _____

Trainer Name: _____ Phone: _____

Will anyone else be riding the horse? If yes, list all additional riders names, ages, and their riding level: _____

Facility and Care Information

Where will the horse be kept?

Boarding Facility Private Residence Other: _____

Will the horse be turned out 24/7 (acceptable) or stalled at night?

24/7 Turn Out Stall Other: _____

What type of fencing do you have?

Electric Wood Panels Other: _____

If horse will be kept at private residence, do you own the property? Yes _____ No _____

If no, who owns the property? Name _____

Contact Information: _____

If horse will be kept at a boarding facility:

Name of facility: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name of facility owner: _____

Contact number: _____

Who will be primarily responsible for the horses' care?

Self Spouse Facility staff/Barn Owner Other: _____

Who will be responsible for costs of owning the horse?

Self Spouse Other: _____

Vet, Farrier, and Reference Information:

Vet Name: _____ Phone: (____) _____

Address: _____

Farrier Name: _____ Phone: (____) _____

Personal References:

Name: _____ Phone(_____)_____

Name: _____ Phone(_____)_____

Name: _____ Phone(_____)_____

Agreement

1.) I agree that I will call my Veterinarian and farrier and authorize them to release information to MFBHS on behalf of my adoption application. I understand that failure to do so may cause my application to not be processed or the process could be delayed.

Adopter Initials: _____

2.) I understand that I will be required to keep my adopted horse up to date on all veterinary/farrier care including routine vaccinations, dental work, and farrier care every 4 to 8 weeks depending on the horses needs. I understand that MFBHS may request records of proof at anytime for any reason and I must submit proof within 4 working days of request

Adopter Initials: _____

3.) Upon approval of my adoption application, I agree to abide by all policies set by MFBHS within this application and the adoption contract that I will be required to sign. I agree to uphold my responsibilities to MFBHS and the adopted animal(s) in my care at all times. I certify that the information above is true and accurate to the best of my knowledge. I understand that false information can lead to termination of my adoption application and/or agreement.

Adopter Initials: _____

Adopter Signature: _____ **Date:** _____

Office Use ONLY

Staff Processing Application Name: _____

Title: _____ Contact Information: _____

Approved _____ **Denied** _____

If denied, why? _____

Founder Review: YES / NO

Founder Decision: APPROVED / DENIED