



Horse Adoption Application

Thank you for your interest in adopting a horse from Best Friends. Our goal is to find the best possible home for our animals. To help us in meeting that goal, please answer the following questions to the best of your ability. Your accurate responses will also help us to match you with a horse who meets your requirements.

Contact Information

Date _____

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____

E-mail _____

Do you own or rent your home? Own Rent

If you rent, please tell us your landlord's name and phone number:

Name _____ Phone _____

Are you zoned for farm animals where you live? Yes No

Please tell us why you would like to adopt a horse from Best Friends.

Our goal is to adopt our horses to people who are committed to lifetime care for the horses they adopt. The only way we can continue to help more horses is if we are able to place our horses into these types of homes.

We also understand that sometimes things happen that can disrupt the best of plans and/or intentions. So while we will be asking you to agree to return the horse to the sanctuary if circumstances occur where it becomes impossible for you to keep the horse, we also ask that you consider this next question very carefully:

If the horse you adopt is rideable, do you agree to provide care for the horse for the rest of his/her life, even after he/she can no longer be ridden? Yes No

If you are approved for adoption, will this be your first horse? Yes No

Are you willing to have a Best Friends Horse Committee representative do a property and facility check? Yes No

If you adopt a horse from Best Friends, what would your expectations of the horse be?

How would you describe your level of experience with horses?

Novice Beginner Intermediate Experienced Professional

Please briefly describe your experience with horses. _____

Do you currently have a horse(s)? Yes No

Explain what style or type of training techniques you prefer. _____

If you have had horses in the past, please tell us what they were used for and why you do not have them now. _____

How often do you feel a horse should be wormed? _____

How often do you feel a horse's teeth need to be floated? _____

How often do you feel a horse's feet should be done? _____

What is your opinion on shoeing a horse? _____

Do you have a specific breed preference or type? Yes No

If yes, what is it? _____ Preferred age range: _____

If you are interested in adopting a pasture pal, what other animals would the horse be living with? _____

How much do you anticipate spending yearly for feed, veterinary and farrier care, medications, special dietary needs, and board? _____

Tell us what types of vaccinations a horse should receive in your area, and how often.

Tell us who will be responsible for the horse's:

Feeding _____

Age _____ Experience level _____

Training _____

Age _____ Experience level _____

General care _____

Age _____ Experience level _____

Administering medications _____

Age _____ Experience level _____

Will the horse live on your property? Yes No

If yes, what type of fencing do you have? _____

(Barbed wire fencing may be problematic, so we'll need to discuss possible solutions.)

If no, please list the name, address and phone number of your boarding facility.

If the horse is to be boarded, how often and for how long will the horse be turned out?

What type of fencing does the facility have? _____

How big is the turnout area or pasture that the horse will have access to?

If you are interested in a riding horse, what would you like to use the horse for (e.g., trail riding, dressage)? _____

How hard and how long would you like to be able to work the horse? _____

What is the approximate age, height, and weight of the person(s) who will be riding the horse?

Rider 1. Name _____ Age _____ Height _____ Weight _____

Experience level _____

Rider 2. Name _____ Age _____ Height _____ Weight _____

Experience level _____

Rider 3. Name _____ Age _____ Height _____ Weight _____

Experience level _____

Rider 4. Name _____ Age _____ Height _____ Weight _____

Experience level _____

Please provide us with your veterinarian's information:

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Please provide two references, people not related to you, who can testify to your ability to provide and care for a horse.

Name _____ Phone _____

Name _____ Phone _____

Please return this form to:

Best Friends Animal Sanctuary
Attention: Horse Haven
5001 Angel Canyon Road
Kanab, UT 84741

Phone: (435) 644-2001, ext. 312
E-mail: horses@bestfriends.org

**WHEN YOU RETURN THE APPLICATION,
PLEASE INCLUDE PHOTOS OR A VIDEO
OF WHERE THE HORSE WILL BE LIVING.**

THANK YOU.