



EQUINE AND FARM ANIMAL ADOPTION APPLICATION

Applicant's Contact Information

First Name: _____ Last Name: _____
Street Address: _____
City: _____ Zip, State: _____
Home Phone: _____ Alt. Phone: _____
Do you rent or own? Own Rent If you rent, please provide us with your Landlord's
Name: _____ and Phone: _____

Applicant's Work Information

Employer: _____ Contact: _____
Street Address: _____ City: _____
Zip Code: _____ State: _____
How long have you worked for this employer/company? _____

"I am interested in adopting:"

Equine Goat Sheep Cattle Emu/Rhea Duck/Goose
 Misc. Waterfowl Peafowl Chicken Domestic Pig Potbelly Pig
Or NAME of Animal: _____

Animal Experience

Please briefly describe your experience with and knowledge of the type of animal you wish to adopt: _____

How many of these animals do you currently have? _____

Please list types of vaccines and last date administered: _____

Date of last Coggins test; brucellosis test: _____

Please briefly describe your parasite control practices for your equine and or farm animals: _____

Please briefly describe hoof and foot care practices for your equine and or farm animals: _____

Equine/Livestock Care and Management Experience

In brief, please describe your philosophy and/or current practices in the following areas, specifically as it relates to the type of *animal you wish to adopt*:

Housing needs: _____

Feeding/types of feed/forage: _____

Handling/training: _____

Confinement/protection from predators: _____

Your thoughts on reproduction/husbandry of farm animals: _____

If the equine or farm animal you adopt were to reproduce, what would you do with the offspring?

Name and address of your current veterinarian: _____

Name and address of your regular farrier: _____

In the past five years, have you given away or sold any equine or farm animals? If so, please explain. _____

In the past five years, have you had any equine or farm animals die while in your care? If so, please explain. _____

Who will be primarily responsible for feeding the animal(s)? _____

Please estimate the yearly cost of feed for the type of animal you wish to adopt. _____

Please estimate/approximate the yearly cost of medical care which you feel is to be normally expected for the health and welfare of the type of animal you wish to adopt. _____

How often do you plan on feeding the animal(s)? _____

Please describe your experience with dental care for the type of animal you wish to adopt (if applicable). _____

Please explain where the animal will be housed. _____

If you are interested in adopting an equine, please describe briefly your philosophy on training, and what type of riding you are most interested in (i.e. showing, trails, endurance, working cattle, etcetera). _____

Have you ever been issued a warning or citation for any animal related violations? If so, please describe when, from whom, and was it a warning or citation? _____

The Corinne T. Smith Animal Center will need to inspect your facility/property before a decision is made relating to the adoption for an equine or farm animal. Do you give CTSAC permission to access your property at a reasonable time and without violating any trespassing laws? _____

Please provide two references, other than family members. Please include name, current phone number, and email address if possible:

- ① _____
- ② _____

I CERTIFY THAT THE ABOVE IS TRUE AND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION APPLICATION. IF I VIOLATE ANY TERM OF THIS AGREEMENT, INCLUDING ANY MISREPRESENTATION TO THE CORINNE T. SMITH ANIMAL CENTER, C.T.S.A.C. MAY REQUEST THE RETURN OF THE ANIMAL.

Signature: _____ Date: _____

C.T.S.A.C. reserves the right to refuse any adoption at any time for any reason.

Office Use Only

Stipulations: _____

Comments: _____

TDL: _____ DOB: _____ Expires: _____

Approved by: _____