****

800 Ritter Lane

Waddy, KY 40076

Danielle Dubay Navarro 502-424-4987

Email Application to misfithorsetoys@gmail.com

**ADOPTION APPLICATION (Part 1)**

**Please return, by USPS, email or fax, the completed and signed application along with the $30.00 application processing fee. In order to be considered for adoption, Misfit Toys must receive the completed application, the processing fee and all photographs and other attachments as requested below. Your application is valid for one (1) year from the date of signature.**

**THE HORSE’S WELFARE IS OUR FIRST PRIORITY. WE RESERVE THE RIGHT TO REFUSE ADOPTION TO ANYONE.**

**I. Application Information**

Full Name (first, middle, last):

Mailing Address (no P.O. Boxes):

City, State & Zip:

Primary Phone No.: Secondary Phone No.:

Email Address:

Current Employer:

Address:

Position:

Work Phone No.:

Driver’s License No. and State:

Alternate Contact Info (a family member or close friend not in the same household):

**II. Horse Ownership/Experience**

Have you ever owned a horse before? If yes, when and how many?

If you previously owned a horse, did you board or directly care for your horse?

Do you own any animals other than horses? If yes, what kind and how many?

Have you ever adopted a horse from a rescue, SPCA, animal control or other animal protection organization? If yes, which one, when and where is that horse right now?

Have you or any member of your family/household been accused, issued a warning/citation or been convicted of any crime including animal cruelty, negligent care of animals or other humane violations? If yes, please explain:

Have you ever signed over a horse or other animal to a rescue, SPCA, animal control or other animal protection organization? If yes, please explain:

What do you consider your level of expertise in caring/working with horses? Describe in detail (i.e., how you learned to ride, how long you have been riding, did you take lessons from a trainer, do you still take lessons from a trainer, have you trained horses professionally or as an amateur owner-trainer?)

Do you have a specific horse in mind? If not, please describe type, level and intended use of your ideal adoptee.

Do you have an age preference?

Would you adopt a horse with physical limitations (i.e., companion only, light riding, blindness)?

Describe the activities you would like to do with your horse (i.e., companion, pleasure and trail riding or driving, lessons, academy, showing).

Who will be the primary rider/driver of the horse?

Who will be responsible for care/feeding/training of the horse?

Where will the horse be stabled/boarded?

 Name:

 Address:

 Phone No.:

 Alternate Phone No.:

 Name of stable owner or manager:

 After Hours phone no. for stable owner/manager:

 Phone No. for nearest police department:

 Phone No. for nearest humane society or SPCA:

Do you plan to work with a trainer? If so, please provide the trainer’s name, address and phone number.

If you are boarding the horse, please provide a copy of the signed boarding and/or training agreement that will apply to the horse.

Please provide photographs of the entire facility, stall and/or pasture where this horse will live.

If the horse will be kept on your property, do you own or lease the property? If you lease the property, please provide the name, address and phone number for the landlord, owner and/or property manager. Please also provide a copy of the current lease agreement.

If the horse will be boarded on your property, please provide the name, address and phone number for the nearest neighbor:

References (Full Name, Address and Phone #):

1.

2.

Contact info for Veterinarian who will care for this animal:

Contact info for Farrier who will care for this animal:

By signing below, I certify that the information on the application is true and correct to the best of my knowledge. I give Misfit Toys Rescue Division, Inc., its officers and agents permission to verify all the information contained therein.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Applicant

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date