



## **CIRCLE F**

HORSE RESCUE SOCIETY

Box 174 Mt. Lehman Stn., Abbotsford, BC V4X 2P7 www.circlef.org Email: Circlef.horserescue@outlook.com

ADOPTION APPLICATION	DATE
HORSE APPLIED FOR	
APPLICANT:	
CITY	PR P/C
HOME PHONE:	MOBILE
EMAIL:	
Please explain your intentions for this	horse
The following section outlines your su	pport network, for both you & the horse. Please provide cont named. Feel free to add any details you feel may be pertine
VETERINARIAN	
FARRIER	
TRAINER	
COACH	
RIDER	
RIDER HEIGHT WEIGHT	AGE EXPERIENCE
Explain your normal schedule for vete	rinary, farriery & other professional support
, , , , , , , , , , , , , , , , , , , ,	,, , , , , , , , , , , , , , , , , , , ,





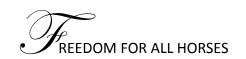
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This section gives you an opportunity	to outline your own ho	rsemanship ex	perience.
Describe your own level of expertise	Professional Advanced	Intermediate	Beginner
Summarize your equine experience			
			_
Please outline your current status reg Do you currently own or care for any			
Have you sold, given away or euthani	zed any horses in the pa	ast 5 years? If s	o, please explain;





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Please describe the environment that the horse will kept in. Include any additional information that you feel may be pertinent. Please provide the address of the facility where the horse will be kept.

Address:	City
If this is a boarding facility, please provide the following conta	ct information:
Name of boarding facility:	
Contact(s) at the facility:	
Facility Owner, name & phone #	
Describe the type of shelter the horse will have:	
Describe the footing in shelter & turnout areas	
What size is the turnout area?	
Will the horse be turned out separately or in a herd environmen	nt?
If in a herd, what monitoring procedures are in place to ensure	compatibility & integration?
How many other horses will share the turnout area?	
What is the anticipated daily turnout time?	
Please describe the fencing in the shelter & turnout areas	
What provisions for feed & water are readily accessible to the s	





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Who will be responsible for the regular daily care of the horse?
Explain the feed regimen for this horse; outline hay, grain, supplements, etc; include feeding schedule
We require at least three references, one of which preferably is an equine professional. Please notify the references that we will be contacting them.
Name, phone & email
Length of time & capacity in which you know this person
Name, phone & email
Length of time & capacity in which you know this person
Name, phone & email
Length of time & capacity in which you know this person
By my signature below, I hereby grant permission to a representative of Circle F Horse Rescue Society to contact those persons named herein for the purposes of obtaining information pertinent to process this application. I forever hold harmless, Circle F & any of its agents, assigns, personnel, volunteers &/or board members for any circumstances or events which may arise from the processing of this application
Applicant's Signature