



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: _____

ADDRESS _____

CITY _____ PR _____ P/C _____

HOME PHONE: _____ MOBILE _____

EMAIL: _____

Please explain your intentions for this horse _____

The following section outlines your support network, for both you & the horse. Please provide contact information for each person/company named. Feel free to add any details you feel may be pertinent.

VETERINARIAN _____

FARRIER _____

TRAINER _____

COACH _____

RIDER _____

RIDER HEIGHT _____ WEIGHT _____ AGE _____ EXPERIENCE _____

Explain your normal schedule for veterinary, farriery & other professional support _____



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This section gives you an opportunity to outline your own horsemanship experience.

Describe your own level of expertise Professional Advanced Intermediate Beginner

Summarize your equine experience _____

Please outline your current status regarding horse ownership &/or care.

Do you currently own or care for any horses? If so, please explain;

Have you sold, given away or euthanized any horses in the past 5 years? If so, 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 contact 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 environment? _____

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 shelter & turnout areas? _____



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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 _____