



## Equine Adoption/Foster Questionnaire

**Contact Information:** (Interested in Adoption or Foster, circle one)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_ Email: \_\_\_\_\_

**Housing:**

At Home or Boarding Facility or Other: (Circle one)

Boarding Facility: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Location: \_\_\_\_\_

Contact Information: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you boarded there? \_\_\_\_\_

Describe Housing Area: Please give a description (e.g., type of housing, size of area, barn, size of stall, shelter, paddocks, pasture, round pen, arena, trails, green grass, dry lot, type of fencing, etc)

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**Equine Preferences:**

Please list any specific equine(s) you are interested in: \_\_\_\_\_

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Please describe what type of equine are you interested in: \_\_\_\_\_

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Age or Range: \_\_\_\_\_

Breed Preference: \_\_\_\_\_

Height Preference: \_\_\_\_\_

Size/Weight of Rider (if applicable): Ideal Level of Current Training:

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

Describe (In Detail) What You Are Looking For In Your Horse:

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

Are you willing to hire/work with a trainer: \_\_\_\_\_

Are you willing to consider an equine with limitations? \_\_\_\_\_

Adoption Budget: \_\_\_\_\_

Horse Experience Do you currently own any equines?

Yes or No (Circle One)

yes, how many? \_\_\_\_\_

How long have you owned (did you own) horses? \_\_\_\_\_

Please briefly describe in detail your experience with equines (ownership, riding, training, competing, breeding, handling, foals, weanling, young horses, etc):

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




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**Please list anyone else who will be handling/riding the equine:**

Name	Age	Equine Experience Level
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**Veterinarian:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

**Farrier:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

*I agree to follow The Hooved Companion Project's requirements of Veterinarian Health Records and Immunizations and pictures of the adopted horse/pony be submitted to HCP every 12 months for 5 years.*

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

***Please mail or scan and email to : Hoovedcompanion@yahoo.com***