



Equine

Welcome to the New Hampshire SPCA

The New Hampshire SPCA requires that all adoption applications be submitted with photographs of the turnout/pastures, fencing, barn and stalls, and any other equines residing at the facility where the NHSPCA equine will be kept.

Please complete the following information in full:

Full Name: _____	Date: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Home/Cell Phone: _____	Email Address: _____	
Work Phone: _____	Occupation: _____	
Place of Work: _____		
Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email		

ADOPTION APPLICATION:

1. If there is a specific equine you are interested in, please state the name: _____

2. Please indicate any height, age, and temperament preferences you may have for an equine:

Height: _____--_____ Age: _____--_____ No preference

Temperament (*please check all that apply*):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Easy-Going | <input type="checkbox"/> Hot | <input type="checkbox"/> Inexperienced |
| <input type="checkbox"/> Beginner-Friendly | <input type="checkbox"/> Training-Prospect | <input type="checkbox"/> Young/Athletic | <input type="checkbox"/> Show-Prospect |
| <input type="checkbox"/> Experienced | <input type="checkbox"/> Older/Retired | <input type="checkbox"/> Companion Type | |

3. Please list the name, address, and telephone number of your current veterinarian and farrier that will be caring for the equine:

Veterinarian: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Farrier: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

4. Please list the names, addresses and telephone numbers of two non-family references familiar with your equine experience and care:

Reference 1: _____

Phone: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Reference 2: _____

Phone: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

5. Who will care for the equine in the event that you are sick, injured or otherwise unable: _____

6. Please describe your experience with equines: _____

7. Have you or do you currently own and care for equines? Yes No

Please describe: _____

Please describe your basic training and horse handling philosophy. How do you intend to troubleshoot problem behaviors? _____

Do you have access to a professional trainer or experienced horse handler who can assist you with your adopted horse if necessary? Yes No

If you answered yes, please provide the following contact information:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

8. Do you own a horse trailer? Yes No

If no, do you have access to a horse trailer you may use? Yes No

9. What is the intended use for this equine? Please check all possible answers and provide details below:

Trail Riding Dressage Jumping Showing

Lesson Program Western Companion Only (no riding)

For applicants interested in riding or working with their adopted horse, please answer the following questions:

In the event that your adopted horse is no longer suitable for riding, as a result of medical or behavioral complications, are you willing and able to commit to the longterm care and maintenance of this horse?: _____

The horse you are applying to adopt may not have been ridden in some time or may be green under saddle. How do you intend to reintroduce your adopted horse to work under saddle?: _____

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10. Will the equine be stabled on your own property? Yes No

If you answered yes, please answer the following:

A. Is your property zoned for equine or farm animals? Yes No

B. How many acres do you own? _____

C. How many pasture/turnout acres will the equine have? _____

D. Total number of equines on the property: _____

11. If the equine will be stabled at a boarding facility, or on someone else's farm or property, please provide the following information:

A. Name of the boarding facility or farm: _____

B. Name of the owner of the boarding facility or farm: _____

C. Address of the facility or farm: _____

D. Telephone number of the boarding facility or farm: _____

12. Are you aware of the financial responsibility of owning a horse? Yes No

(Estimated costs of owning a horse are between \$3,000 and \$6,000 per year.)

13. Have you ever surrendered an animal or been charged with animal abuse or neglect? Yes No

If yes, please describe: _____

14. Do you agree not to breed this equine? Yes No

I, _____, the undersigned, understand that I am applying to adopt an equine from the NHSPCA. I agree that I have read and understand the adoption terms and responsibilities, including those requiring financial, time, training and labor commitments. I also understand that I must complete the application process and my facility (home or boarding facility) must be approved before I am allowed to adopt an equine from the NHSPCA. I agree not to hold the NHSPCA liable in the event of injury, death, or damage to any human, animal or property as a result of activities or actions of the equine I adopt.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS ADOPTION APPLICATION AGREEMENT.

Signature: _____ Date: _____

*When completed, please return this form to the NHSPCA, c/o Carrie Fyfe, Equine and Farm Program Manager:
104 Portsmouth Ave, Stratham, NH 03885, fax number: 603-778-7804, or email to farmprogram@nhspca.org*