



*Sandhills Horse Rescue*  
PO Box 903  
Spring Lake, North Carolina 28390  
[www.SandhillsHorseRescueNC.com](http://www.SandhillsHorseRescueNC.com)  
[SandhillsHorseRescue@gmail.com](mailto:SandhillsHorseRescue@gmail.com)

### Adopter Application

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Residence County: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number (requested but optional): \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ Drivers License State / #: \_\_\_\_\_

### Facility Information

- ◆ Will the equine be kept at the above address?  YES  NO

If **NO**, we need the following information:

Name of boarding stable: \_\_\_\_\_

Name of facility owner: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone #(s): \_\_\_\_\_

Name of property owner (if different than above): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone #(s): \_\_\_\_\_

- ◆ Number of acres the equine will be pastured on: \_\_\_\_\_ Total number of equines on above acreage: \_\_\_\_\_

- ◆ Type of shelter the equine will be provided: \_\_\_\_\_ Stall \_\_\_\_\_ 3 sided run-in shed \_\_\_\_\_ Other

If other please describe: \_\_\_\_\_

- ◆ Type of fencing: \_\_\_\_\_

\*\*\*\*SHR does not accept barbed-wire fencing and fencing must be safe and in good condition\*\*\*\*

### Equine Care

- ◆ How much do you anticipate spending yearly for:

Feed: \_\_\_\_\_ Farrier: \_\_\_\_\_ Routine Veterinary Care: \_\_\_\_\_ Board: \_\_\_\_\_

- ◆ What method will be used to monitor and/or treat intestinal parasites and how often will it be done? \_\_\_\_\_

- ◆ How often will you provide hoof care by a professional farrier? \_\_\_\_\_

- ◆ How often will you have the equine's dental condition evaluated and floated? \_\_\_\_\_

- ◆ What type of vaccinations will you give and how often? \_\_\_\_\_

## Equine Preferences

The more flexible you can be in your specifications, the more likely it is that we can match you with an equine. When making your specifications, please make sure you indicate the absolute maximum and minimum you will accept.

- ◆ Do you need an equine that is or will be rideable? (please check one) YES DON'T CARE
- ◆ Please specify an acceptable height range: \_\_\_\_\_
- ◆ Please specify an acceptable age range: \_\_\_\_\_
- ◆ Are you interested in a (check all that apply): Equine Pony Mule Donkey
- ◆ What is your breed preference? \_\_\_\_\_  
Will you consider another breed? YES NO
- ◆ Please check the rider's experience level (please make one check per rider).  
 Has been riding less than 2 years     Regularly rides on trails, in small shows or for pleasure  
 Rides seriously in large shows and/or has some equine training ability  
 Is a professional trainer/instructor
- ◆ I will consider an equine that is (please check as many as apply)  
 Unbroke     Ground Training Only     Started Under Saddle     Green-broke     Well-broke  
 Other (Please explain) \_\_\_\_\_  
\_\_\_\_\_
- ◆ On average, how often do you plan to ride/drive the equine (hours per week)? \_\_\_\_\_

## References

- ◆ Please list two references who are familiar with your care of and experience with equines:  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
- ◆ Please list professional references who are familiar with the care and management of any animals in your possession (veterinarian, farrier, trainer, etc.):  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Humane Violations Check

- ◆ Have you ever had a report filed related to animal neglect or abuse that involved you in any way, been issued a warning/citation related to animal neglect or abuse, or been convicted for animal neglect, abuse, or other humane violations? \_\_\_\_\_  
If yes, please explain on a separate sheet of paper.

Do you consent to a personal criminal history inquiry being requested and obtained by SHR? YES NO

I/WE CERTIFY THAT ALL THE INFORMATION CONTAINED HEREIN IS CORRECT AND TRUE.

ANY FRAUDULENT INFORMATION LISTED MAY BE CAUSE FOR DENIAL OF ADOPTION  
THROUGH SHR.

Print Name: \_\_\_\_\_

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

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

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**SHR Board of Directors Officer Approving Application:** \_\_\_\_\_

**Reviewed Date:** \_\_\_\_\_

**Approved Date:** \_\_\_\_\_