



EQUINE ADOPTION APPLICATION

To simplify the process of finding potential adopters their forever horse, please fill out and return the following application form and we'll be in touch as soon as we possibly can.

Please return this application to admin@kalinahorserescue.org

Horse Name: _____

First Name: _____ Last Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone Number: _____

Email: _____

DOB: _____

What is the address you wish to keep the horse or pony at: _____

If this is not your own address, please supply us with reliable contact names and numbers for this address:

This address is:

- ☐ My own home
- ☐ A property that is rented under my name and where I live
- ☐ Land that is leased under my name
- ☐ A professional Agistment Centre
- ☐ A family member's, friend's, or acquaintance's home where I agist

M 0411 053 853 | **E** admin@kalinahorserescue.org | **W** kalinahorserescue.org

A PO BOX 45 Stoneville WA 608

ABN 4973 4804 991



What would you like to do with your horse:

- ☐ Equine Therapy
- ☐ Trail Riding
- ☐ Pleasure
- ☐ Pony club
- ☐ Adult riders club
- ☐ Western
- ☐ Eventing
- ☐ Dressage
- ☐ Endurance
- ☐ Companion
- ☐ Jumping
- ☐ All Rounder
- ☐ Other _____

Required horse height:

- ☐ Less than 8 Hands
- ☐ 8-10 Hands
- ☐ 11-12 Hands
- ☐ 13-14 Hands
- ☐ 15-16 Hands
- ☐ 17 Hands or greater

Sex:

- ☐ Mare
- ☐ Gelding

Age Range:

- ☐ 1- 4 Years
- ☐ 5-10 Years
- ☐ 11-15 Years
- ☐ 16-20 Years
- ☐ Older than 20 Years

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Rider level:

- ☐ Beginner
- ☐ Novice
- ☐ Intermediate
- ☐ Experienced

Do you have any other horses or ponies?:

- ☐ Yes
- ☐ No

If yes, please give breed, size, sex, and age: _____

Please indicate how much time you will be able to spend caring for and with your adopted horse/pony:

- ☐ Half an hour a day
- ☐ An hour a day
- ☐ Two hours a day
- ☐ More

Please indicate your previous equine experience:

- ☐ I can handle a horse or pony confidently and have approximately 2 years of regular horse care experience
- ☐ I am an intermediate horse person with 6 or more years of horse care experience
- ☐ I am an experienced horse person with 10 or more years of horse care experience

In a few words, please describe what sort of care you can provide, whether basic, involved or specialist, etc.:

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Please indicate whether you are able to cater for a special needs horse such as an orphaned foal, a horse that requires special/careful handling or a horse that requires special medications or treatments on a regular basis.

To adopt a horse, KHR requires 3 references – at least one being your local Veterinarian. Others may come from any qualified horse professional such as your Dentist, Farrier, Instructor, Chiropractor, Bowen Therapist, etc. Please provide their details here:

REFERENCE 1

Full Name: _____ Profession: _____

Business Name: _____ Phone Number: _____

Email (please double check): _____

REFERENCE 2

Full Name: _____ Profession: _____

Business Name: _____ Phone Number: _____

Email (please double check): _____

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REFERENCE 3

Full Name: _____

Profession: _____

Business Name: _____

Phone Number: _____

Email (please double check): _____

When a field officer visits you for an initial inspection, you will be required to provide:

- ✓ 100 points of identification,
- ✓ One form of photo ID, such as an 18 plus card, driver's license or passport, and
- ✓ One form of secondary ID, such as a bank card, credit card, any government issued credit card showing your name and signature

I hereby agree that all information on this form is 100% correct at the date shown.

Full Name: _____

Signature: _____ Date: _____

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