



## 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](mailto:admin@kalinahorserescue.org)*

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](mailto:admin@kalinahorserescue.org) | **W** [kalinahorserescue.org](http://kalinahorserescue.org)

**A** PO BOX 45 Stoneville WA 608

**ABN** 4973 4804 991



What would you like to do with your horse:

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

Required horse height:

- ☐ Less than 8 Hands
- ☐ 8-10 Hands
- ☐ 11-12 Hands
- ☐ 13-14 Hands
- ☐ 15 Hands or Greater

Sex:

- ☐ Mare
- ☐ Gelding

Age Range:

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

Rider level:

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

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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 am able to 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.:

\_\_\_\_\_

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. If you are not, please don't worry, we get 'normal' horses through our gates looking for new homes too:

\_\_\_\_\_

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In order 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): \_\_\_\_\_

**REFERENCE 3**

Full Name: \_\_\_\_\_ Profession: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email (please double check): \_\_\_\_\_

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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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