

**HEART of Tucson
Adoption Application**

This application should be submitted to HEART along with the \$25 non-refundable processing fee.

NAME OF APPLICANT:
(Must be at least 18 years old)
ADDRESS:

DRIVERS LICENSE #:

If Rural Route, include actual street name and address

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE # (_____) _____

CELL PHONE # (_____) _____

WORK PHONE # (_____) _____

OCCUPATION _____

How long have you worked at your current job? _____

Name and telephone number of current supervisor _____

FAX # (_____) _____

E-MAIL _____ @ _____

Horse Preferences

What type of horse are you specifically interested in?

Age: _____ Breed: _____ Height: _____

Range of training: _____

Other Specifications: _____

Applicant Information

Height & weight of person who will be riding: Height _____ Weight _____

Briefly describe your riding experience:

How will you use your horse?

Other (please explain)

On an average how many days per week will this horse be ridden? _____

Have you ever owned a horse before? ___ Yes ___ No

If no, have you even been responsible for another's horse, and if so for how long and under what circumstances?

If yes, do you still have the horse(s)? ___ Yes ___ No

If you no longer have the horse(s,) why not?

Please list any other animals you have and kind (dog, goat, etc.) and names:

Stabling Information

This horse will be stabled at: _____ Boarding Facility _____ My Residence _____ Other
Name of Facility:

Address _____

City _____

State _____ Zip _____

Phone # (_____) _____

Name of Contact Person _____

Name of Veterinarian _____

Veterinarian Phone # (_____) _____

Name of Farrier _____

Farrier Phone # (_____) _____

Is there a shade structure? ___ yes ___ no

Describe: _____

Type of shelter: Barn size _____ Box Stall Size _____

Run-In Shed _____

Type of flooring in shelter _____

What type of fencing encloses the turnout area? _____

Please indicate the size of the turnout area _____

How long will your horse be turned out each day? _____

What type of hay is used & in what amounts per day?

What type of grain is fed, where is it stored, and what is it stored in?

What arrangements have been made to provide clean water for the horse 24 hours per day?

How often will/do you de-worm your horse? _____

What products will/do you use to de-worm your horse? _____

How often will/do you have your horses teeth floated? _____

How often will/do you have a Farrier Trim? _____

How often will/do you have your horse inoculated?

Who will be responsible for training your horse?

How much do you anticipate spending yearly for feed? _____ Farrier? _____

Medical Care? _____ Stabling (if applicable)? _____

Please attach a separate piece of paper describing your ideal horse.

Please attach a separate piece of paper telling us why you want to adopt a horse.

Photos set forth below are REQUIRED Prior to Profiling. WE CAN ONLY ACCEPT HARD COPY PHOTOS. Photos will not be returned. Enclosing pictures with your application will expedite the application process. Do not email photos. Close-up pictures are appreciated.

Barn and/or shed, inside & outside Hay, grain, grain containers & storage areas

Inside of stall/shelter including flooring Turnout(s) including all fencing & water provisions

Other horses at facility, if applicable Any other animals currently in your care

Applicant References:

(Please do not use family members)

NAME OF YOUR CURRENT HORSE VETERINARIAN:

Phone # (_____) _____

How long have you used this Vet? _____

NAME OF YOUR CURRENT SMALL ANIMAL VETERINARIAN:

Phone # (_____) _____

How long have you used this Vet? _____

NAME OF YOUR CURRENT FARRIER:

Phone # (_____) _____

How long have you used this Farrier? _____

NAME OF YOUR CURRENT TRAINER (if applicable):

Phone # (_____) _____

How long have you been working with this trainer? _____

THREE PERSONAL REFERENCES (MUST NOT BE RELATED TO YOU)

1. Name: _____

Phone # (_____) _____

How long have you known this person? _____

In what capacity? _____

2. Name: _____

Phone #: (_____) _____

How long have you known this person? _____

In what capacity? _____

3. Name: _____

Phone # (_____) _____

How long have you known this person? _____

In what capacity? _____

NEIGHBOR we can contact if we are unable to reach you: _____

Address: _____

Phone # (_____) _____

Is there anything else you would like to share with us?

I understand that a credit record check may be required before my adoption application is accepted, and I agree to pay the cost of such credit check. I further understand any costs associated with this adoption, including the \$25 processing fee, are not refundable if my application is not accepted or if I do not follow through with the requirements to adopt.

I state that all answers are true and complete to the best of my knowledge, and if it is later determined by HEART that any answers on this application are untrue, the adoption will be cancelled and I will not be entitled to a refund of any adoption fees or other expenses.

CHECKLIST

We will not be able to process your application unless all of the questions are completed. If you have any questions regarding this application, or would like to speak to someone, please do not hesitate to call our office at 520-445-1510.

Have you:

- Answered all questions on the application?
- Included any attachments and photos?
- Signed & dated the application?

Signature of Applicant (Must be at least 18 years of age)

Date

This application should be submitted to HEART along with the \$25 non-refundable processing fee.

HEART of Tucson

120 S. Houghton Rd. STE 130-267

Tucson, AZ 85748-2155

For any questions please call: 520-445-1510 or e-mail contact@heartoftucson.org