



Akindale Thoroughbred Rescue
323 Quaker Hill Road ~ Pawling, NY 12564
Phone 845-493-0315 ~ info@akindalehorserescue.org

ADOPTION APPLICATION

NAME: _____

ADDRESS: _____

DOB: _____

PHONE NUMBER: (HOME) _____

(CELL) _____

E-MAIL _____

APPLICANT PREFERENCE FOR HORSE:

Gelding _____ Mare _____ No Preference _____

Horses Age: _____

Color Preference if any: _____

Size / Hands: _____

APPLICANT RIDING EXPERIENCE (Please describe):

RIDING DISCIPLINE: Dressage ____ Hunter/Jumper ____ Eventing ____ Polo ____ Trail/Pleasure ____
companion ____ Therapeutic Program ____ Lesson Program ____ other: _____

You must provide pictures of the shelter and turn-out area where you intend to board the horse. We would also appreciate pictures of any animals you now own. These pictures will be returned promptly if you include a self-addressed stamped envelope or email them to adoptions@akindalehorserescue.org

According to the law, you are responsible for providing the proper care and ongoing maintenance of the horse. This includes providing the appropriate year round shelter, free access to water, proper feed, inoculations, dental care, hoof care and de-worming. You are also responsible for providing veterinary care, as necessary, in the event of illness or accident; as well as routine visits.

Signature of applicant and person responsible for the horse's care:

Applicant Signature: _____

Person(s) Responsible ~ Signature(s): _____
(Parent or Guardian if under 18 years of age)



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ADOPTION APPLICATION – REFERENCES

To be completed by applicant:

Name: _____

Address: _____

Phone: _____ Email: _____

To be completed by equine professional reference:

Name of Professional Equine Reference: _____

Address: _____

Phone: _____ Email: _____

How long have you worked for or known the applicant? _____

If you have not previously worked with the applicant's animals, after speaking with the applicant, do you agree to work with any equine he/she may adopt or foster from the Akindale Thoroughbred Rescue

Yes or No: _____

Please explain if needed:

Do you feel that any equine, adopted from Akindale Thoroughbred Rescue, would be provided a good home with all the care and attention necessary for a happy and healthy life? Why or why not?

Who is your / or will be the Veterinarian for this horse:

Name of Vet & Practice: _____

Vets Office Phone: _____

Signature: _____ Date: _____

Thank you for taking the time to complete this form!
Akindale Thoroughbred Rescue