



Mending Hope Equine Rescue

337 Townline Road Fairmount City, PA, 16224

(814)316-3108 m.h.equinerescue@gmail.com

Adoption Application/Contract

Adopter Information:

Name _____

Birth Date _____

Email _____

Address _____

City _____ State _____ Zip Code _____

Phone – Home (____) _____

Cell (____) _____

Do you work Full time? Part time?

Application for: Horse Pony Miniature Horse Donkey Mule

Is there a specific animal at Mending Hope Equine Rescue?

Is there a specific breed/height/age you prefer?

What level of training would you prefer the equine to have?

Untrained Started Green Moderate Experience Well trained

What riding discipline is your primary focus?

How often will the equine be ridden/driven?

What is your overall goal for your adopted equine?

Rider Information:

How long has the primary rider been riding?

What is the primary rider's current riding discipline?

Does the primary rider work with a trainer or riding instructor? If yes, please tell us who:
Name: _____, Phone (_____) _____

If currently riding, how often?

Daily 4-6 times weekly 2-3 times weekly About once a week

Weekends only 1-2 times monthly Seldom

What level is (are) the rider(s)?

- Beginner – very little, if any, experience riding/handling horses
- Advanced Beginner – able to apply basic aids, comfortable at walk & posting trot
- Intermediate – confident riding walk, trot, and canter on a quiet, reliable mount
- Advanced Intermediate – can W/T/C regularly, jump a course, can communicate with horse effectively
- Advanced – confident, independent seat, soft hands, can handle a spirited horse

Facility Information:

Where will this animal be living? Boarding facility Private residence

Address _____

Who owns this property? Please list phone number _____ If
boarding what is your current boarding fee? _____

What is the approximate size of the turn-out area?

What type of fencing is used?

What will be used for shelter? stall run-in shed other shelter _____

Who will be handling this animal on a daily basis for feeding, watering, and turning out?

Who will care for the animal when you are unavailable to do so (vacation, illness, etc.)?

Please list the farm animals you currently own or owned in the last 2 years.

Species/Breed Age Sex Neutered? If no longer owned, what happened to the pet?

Which veterinarian will you use for equine care?

Name _____

Phone number (_____) _____

What farrier do you intend to use for this animal?

Name _____

Phone (_____) _____

Please initial each area.

*Adopted equine (s) are forbidden to be sold at auction. Adopted equine maybe returned to Mending Hope Equine Rescue at any time_____.

*Adopted equine(s) are not allowed to be used for breeding purposes. _____

*The adopted equine(s) may not be rehomed or moved without notifying Mending Hope Equine Rescue for one year.

Mending Hope Equine Rescue has the right of first buy back for \$1._____

*Mending Hope Equine Rescue has the right to perform surprise inspections in that year and may confiscate the animal(s) if it's wellbeing is at risk. The residents County Humane Officer may be asked to do a welfare check on behalf of Mending Hope Equine Rescue. _____

*Mending Hope Equine Rescue shall have the right to take legal actions if the contract is broken at the adoptees expense. _____

This information will be

used to help provide you with the best possible equine match.

By signing, I affirm that I am 21 years of age or over, and the information contained on this form is

true to the best of my knowledge.

Signature(s) Date

*Please provide pictures of current animals.

*Please provide pictures of shelter and turn out areas.

Fencing requirements:

**All unhandled horses must have six-foot-high sturdy fencing.

Mending Hope Equine Rescue does not allow barbed wire fencing.

*Pre-purchase exams by your veterinarian are encouraged, at your cost.

I hereby WAIVE, REALEASE AD DISCHARGE, Mending Hope Equine Rescue, their board of directors, representatives, and volunteers from all liability, and any and all possible causes of action in law or in equity that may result from an injury to me or any else caring for or assisting in training (including death), my facilities or anyone in my are caused by the negligence or other actionable conduct of the Mending Hope Equine Rescue their board of directors, representatives, and volunteers; 4) I further agree to INDEMNIFY and HOLD HARMLESS Mending Hope Equine Rescue their board of directors, representatives, and volunteers for damages, attorney fees and expenses resulting from an injury to me (including death), my facilities, or anyone in my care, even if such

injury or damage is caused or claimed to be caused by negligence or other actionable conduct of Mending Hope Equine Rescue their board of directors, representatives, and volunteers.

Approved Adoption for

Equine(s)_name(s)_____

M.H.E.R representative Signature

Date

Adoptee (s) Signature

Date

Adoptee (s) Signature

Date
