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SKEQUINE.COM

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BEGINNER THROUGH ADVANCED • DRESSAGE • LIBERTY • FOUNDATIONS • ETHICAL +R TRAINING
LESSON HORSES • LEASE HORSES • SALES • TACK FITTING • EQUINE NUTRITION • WELLNESS • MASSAGE

ADOPTION APPLICATION

Thank you for considering adopting! Please fill out this application so we can help match you with the ideal equine partner. Any questions can be directed to Steph at the contact info above. Steph will contact you once your application has been received and processed.

Applicant Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Age Group: Minor 18-25 25-55 55+

Are you married? YES or NO

If Yes → How will your spouse be involved in the care/ownership of the animal?

Do you have kids? YES or NO

If Yes → How will your kids be involved in the care/ownership of the equine?

Occupation: _____

Employer Phone: _____

Employer Email: _____

Please briefly describe your equine experience: _____

Will you be working with a professional coach/trainer? YES or NO

If Yes → Coach/Trainer Name: _____

Coach/Trainer Phone: _____

If No → Please briefly describe your training experience: _____

Please list all animals you currently own or care for (species, age, sex):

Housing Information:

Will this animal be kept on your property? YES NO

If Yes → Do you RENT or OWN

If Rent → Landlord Name: _____

Landlord Phone: _____

If No → Address where horse will be kept: _____

Property Owner/Manager Name: _____

Property Owner/Manager Phone: _____

Please fill the following information about the property where the horse will be kept:

List all other animals that live on this property (species, age, sex):

acres pasture: _____ # hours stalled per day: _____

Type & size of shelter on property: _____

Type of fencing: _____

Animal Information:

Briefly describe why you would like to adopt an equine: _____

Is there a particular equine you would like to adopt? _____

References:

Personal Reference #1

Name: _____ Phone: _____

Relationship: _____

Personal Reference #2

Name: _____ Phone: _____

Relationship: _____

Veterinarian: Name: _____ Phone: _____

Farrier: Name: _____ Phone: _____

I understand and agree that SKE reserves the right to refuse any applicant, submitting this form does not guarantee adoption, and I have answered all information wholly and honestly.

Applicant Signature: _____ Date: _____