

Animal Protection Coalition, Inc.

10474 West 800 South

Owensville, IN 47665

Tel: (812) 729-7111

www.animalprotectioncoalition.org

Equine Adoption and/or Foster Application

Applicant Information:

Please circle each option that applies: I'm an Adoption Applicant I'm a Foster Applicant

Name

Mailing Address

City, State, Zip Code

County

Home Phone Number

Work Phone Number

Mobile Phone Number

E-mail Address

All Applicants must be over the age of 18. Are you over the age of 18? Yes _____ No _____

Have you ever been charged with or convicted of animal abuse and/or neglect?

Yes _____ No _____

If Yes, please explain:

Membership Information:

Are you a current Member of Animal Protection Coalition, Inc.? Yes _____ No _____

If you selected Yes, please tell us your Membership Expiration Date: _____

If you selected No, there is a **\$25 Application Fee** which includes a one-year membership; there is no application fee required if you are a current member. APC is a 501 (c)3 non profit organization. All contributions are tax deductible as allowed by law and your personal circumstances. **Please make checks payable to Animal Protection Coalition, Inc.,** and mail to **10474 W. 800 S., Owensville, Indiana 47665** or you may pay with **PayPal** on our website: **www.animalprotectioncoalition.org**

Equine Related Information:

Do you currently own any equine? Yes _____ No _____ If Yes, how many? _____

Please give us the date you last vaccinated your equine(s): _____ / _____ / _____

Types of vaccinations your equine(s) received:

Please give us the date you last dewormed your equine(s): _____ / _____ / _____

Which deworming product did you use?

If you do not own any equine(s), have you owned any in the past and if so how long did you own it for?

Within the last 5 years have you given away or sold any equine(s), if so please explain?

Within the last 5 years have any equine(s) died while in your care, if so please explain?

Describe your experience with horses, handling, caring for horses, foaling, riding, training, showing:

Will the equine adopted/fostered be housed at the address stated on the first page?

Yes _____ No _____

If you selected No, please provide the following information:

Facility Name	
Facility Address	City, State, Zip
Contact Person	Facility Phone Number

Facility Information:

If your adopted/fostered equine will be kept in a barn, please answer the following questions:

Stall Size	How many hours will equine be turned out?
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If adopted/fostered equine will be pastured, at any time, please answer the following questions:

Pasture Size	Number of other equine that will kept in the same pasture
Describe the type and size of shelter in pasture.	Describe the type of fencing that is used for the pasture

Equine Care Information:

Who will be feeding the adopted/fostered equine?

Does this person have experience with equines?

How often do you plan on feeding the adopted/fostered equine?

How often do you plan on deworming the adopted/fostered equine?

What type of deworming products do you plan to use?

Please provide your farrier's name and phone number. How often do you plan on having a farrier trim and/or shoe the adopted/fostered equine?

How often do you plan on taking the adopted/fostered equine to visit a veterinarian?

Foster Care Information: *(For Foster Homes ONLY, if you only want to adopt, skip this section!)*

I would be able to foster: *(please circle ALL that apply)*

Average Horse

Pony

Miniature Horse

Average Donkey

Draft Horse

Draft Mule

Average Mule

Miniature Donkey

I would be able to foster an equine that fits into the following criteria: *(please check ALL that apply)*

_____ **An equine with health problems**

_____ **An equine with training issues**

_____ **An equine that is too young to ride** *(5 months to 2 years old)*

_____ **An equine that can not be ridden for any reason**

_____ **An older equine** *(25+ years old)*

_____ **An equine that is in foal**

_____ **An equine that was seized by law enforcement, while waiting a hearing** *(The owner may be awarded custody of the animal by a judge)*

_____ **An equine with serious hoof conditions** *(Founder, Laminitis, Navicular, etc.)*

_____ **A stallion or a newly gelded equine**

How many fostered equine could you house on a regular basis?

In an emergency?

Adoption Information: *(For Adoption ONLY, if you only want to foster, skip this section!)*

Please list the names of the equine(s) that you are interested in adopting, in order of preference:

1. _____ 3. _____

2. _____ 4. _____

What are you planning on using your adopted equine for?

How much time, per week, will you spend working with the adopted equine?

If the adopted equine is able to be ridden, how often do you plan to ride the equine each week, and for how long do you plan on riding?

Please list each person's name, their age, height, weight and riding level (1=no experience to 10=very experienced) of every person that will be riding the adopted equine:

Reference Information: (You are responsible for getting all three of the reference forms signed and returned to Animal Protection Coalition, Inc. The following information is for our records so that we can match applications and reference forms together if they are faxed, mailed, or e-mailed separately.)

Veterinary Reference Name

Phone Number

Please check which applies:

Address

_____ **This is my current vet. # Years used** _____

City, State, Zip Code

_____ **This is the vet I plan on using.**

Personal Reference #1 Name

Phone Number

Address

City, State, Zip Code

Personal Reference #2 Name

Phone Number

Address

City, State, Zip Code

I understand that by filling out and signing this application, I am applying to adopt and/or foster an equine from Animal Protection Coalition, Inc. I also understand that my application must be approved before I will be allowed to adopt/foster an equine from Animal Protection Coalition, Inc. I also understand that my application may be denied for any reason and I may not be able to adopt and/or foster an equine from Animal Protection Coalition, Inc.

I also agree and understand that the information provided in this application may be used to request background checks, including criminal records to verify personal information.

By signing this application, I am stating that all information provided is true and I understand that there may be consequences to providing faulty information.

Applicant's Name (Printed)

Date

Applicant's Signature (Application is VOID without signature)

You may return this application to our main organization:

Animal Protection Coalition, Inc. & Indiana Horse Rescue Corporate Offices

10474 West 800 South

Owensville, IN 47665

Tel: (812) PAWS111

(812) 729-7111

Fax: (206) 338-5604

E-mail: apc@animalprotectioncoalition.org

For addresses for our other divisions please visit <http://www.animalprotectioncoalition.org>