



# Mile High Rescue

## Equine Adoption/Foster Application

Mile High Rescue requires this application be completed in full and submitted prior to the approval of adoption of any equine. Submission of an application does not guarantee adoption of any animal to any person regardless of the date of submission, previous conversations with Mile High Rescue staff, board members or representatives, or previous knowledge of the animal. Mile High Rescue reserves the right to place animals in its care into adoptive homes in its sole and absolute discretion. The adoption application is a part of the adoption process. Additional steps may be required for approval. All adopters must be 18 years of age or older. It is understood that adults may wish to adopt for persons under the age of 18. If the adoption is approved, the adult will be fully responsible for care of the adopted equine. Failure to complete the application will cause processing to be delayed. Providing false information will result in a denial of the application and any future adoption applications.

Please return the application along with pasture, run and/or barn photos of where the equine will be kept via email to [info@milehighrescue.org](mailto:info@milehighrescue.org)

### Applicant Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City State, Zip \_\_\_\_\_

County \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Are you looking to adopt a horse for a specific reason?

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Do you intend to provide care for the horse for the rest of their life, even if or when they are no longer able to be ridden? \_\_\_Yes \_\_\_ No

If no, please explain:

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Do you currently have horses? \_\_\_Yes \_\_\_ No

If Yes, how many? \_\_\_\_\_

- If you do not own any equine(s), have you owned any in the past? If so, how long did you own them for \_\_\_\_\_
- If you currently own an equine(s), please fill out the following:

Date you last vaccinated your equine(s)? \_\_\_\_\_

Date you last dewormed your equine(s) \_\_\_\_\_

Date you had your equine(s) hooves trimmed \_\_\_\_\_

Do you trim them yourself? \_\_\_\_\_

How often are they trimmed? \_\_\_\_\_

Farriers Name and phone number \_\_\_\_\_

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

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

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

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Describe your level of riding and experience with horses?

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What style or type of training techniques do you use?

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If you are adopting a pasture friend, what other animals would the horse be living with?

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Will the adopted horse live at the address on the first page? \_\_\_ Yes \_\_\_ No

If No, please provide the following information:

Facility Name

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Facility Address

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Contact Person

Contact Phone

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Will the adopted equine live in a barn? \_\_\_ Yes \_\_\_ No

If No, please answer the following questions:

Stall Size \_\_\_\_\_ How many hours will equine be turned out? \_\_\_\_\_

If adopted equine will be pastured, at any time, please answer the following questions:

Pasture Size \_\_\_\_\_ Number of equines kept in same pasture \_\_\_\_\_

Describe pasture (ie. shelter, water access, feeding, etc.):

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If you adopt a horse from MHR what would your expectations of the horse be?

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How much time per week will you spend with your adopted equine?

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Are you willing to have a MHR member do a property and facility check? \_\_\_ Yes \_\_\_ No

### Adoption Information:

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

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## Reference Information

### Veterinary Reference

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

City, State \_\_\_\_\_

### Personal Reference #1

Name

Address

Phone Number

### Personal Reference #2

Name

Address

Phone Number

I understand that by filing out and signing this application, I am applying to adopt an equine from Mile High Rescue. I also understand that my application must be approved before I will be allowed to adopt any equine from Mile High Rescue.

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.

\_\_\_\_\_  
Applicants Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

Please note: A complete Application includes this Application; 2 Personal Reference. Veterinary field complete. If any of these documents are missing, we will not be able to complete the Approval Process. Additionally, facility visits and assessments of horse and potential adopter are required prior to adoptions. Thank you!