

# HORSE ADOPTER SURVEY

Date \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

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

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

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_



Thank you for your interest in adopting a horse from the Humane Society of Huron Valley. Our goal is to find the best possible home for our animals. To help us in meeting that goal, please answer the following questions to the best of your ability. Your accurate responses will also help us to match you with a horse who meets your requirements.

*NOTE: HSHV will not be held responsible for any healthcare concerns that arise after your adoption. Adopters will be given all known medical and historical information we have since we took possession of the horse.*

Please tell us why you would like to adopt a horse from HSHV. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please consider this next question carefully:**

1. If the horse you adopt is rideable, do you agree to provide care for the horse for the rest of his/her life, even after he/she can no longer be ridden?  YES  NO
2. Are you willing to have an HSHV representative do a property and facility visit?  
 YES  NO
3. What are your expectations of the horse? \_\_\_\_\_  
\_\_\_\_\_
4. How would you describe your level of experience with horses?  
 Novice  Beginner  Intermediate  Experienced  Professional
5. Please describe your experience with horses. \_\_\_\_\_  
\_\_\_\_\_
6. Have you ever owned a horse before?  YES  NO
7. Do you currently have a horse(s)?  YES  NO
8. List horses owned in the last 5 years, and any other animals the new horse would live with:  
Species/Breed    Age    Deceased (Y/N)    If No, where living now?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Explain what style or type of training techniques you prefer. \_\_\_\_\_  
\_\_\_\_\_
10. How much do you anticipate spending yearly for feed, veterinary and farrier care, medications, special dietary needs, and board? \_\_\_\_\_

~~ Questions Continue ~~

Failure to fully and accurately answer questions may cause a delay in your adoption process.

11. Tell us who will be primarily responsible for the horse's daily care:

	Name	Age	Experience Level
Feeding	_____	_____	_____
Training	_____	_____	_____
General Care	_____	_____	_____
Administer Medications	_____	_____	_____

12. Will the horse live on your property?  YES  NO

If yes, What type of fencing do you have? \_\_\_\_\_

What type of barn or shelter do you have? \_\_\_\_\_

Do you:  Own  Rent  Live with Parents  Other

If renting, Landlord name \_\_\_\_\_ Phone \_\_\_\_\_

Are you zoned for farm animals where you live?  YES  NO

If no, please list your boarding facility information.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

13. How big is the turnout area or pasture that the horse will have access to? \_\_\_\_\_

14. Do you own a safe transport trailer?  YES  NO

If no, do you have access and availability of a safe transport trailer for emergencies?  YES  NO

15. Please provide us with your equine veterinarian's information:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

16. Please provide us with your farrier's information:.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

**Please return this application to:**  
The Humane Society of Huron Valley  
Attn: Adoptions  
3100 Cherry Hill Rd.  
Ann Arbor, MI 48105

(734) 662-5585 • [adoptions@hshv.org](mailto:adoptions@hshv.org) • fax (734) 929-0814 • [www.hshv.org](http://www.hshv.org)

----- internal use only -----  
 Initial review \_\_\_\_\_  Site or boarding facility check \_\_\_\_\_  
 Approved  Denied \_\_\_\_\_