

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 • fax (734) 929-0814 • www.hshv.org

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