



All About
EQUINE
ANIMAL RESCUE, INC.

ADOPTION/FOSTER QUESTIONNAIRE

Note: Adoption is PENDING until ALL information is received and adoption is approved.

Applicant Information: Subsequent information pertains to the Applicant(s) only.

Please use additional sheets, if necessary.

Applicant Name(s): _____ DOB: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (C): _____ email: _____

Do you own, rent, or live with family or friends? _____

If you do not own your residence and plan to keep the equine at your residence, please provide name and contact information for landlord(s) and/or owner(s) of property: _____

How long at current residence? _____

If less than two years, list two years prior address(es) and how long at each location: _____

Current Employer name and address: _____

Employment history, if less than three years: _____

How much have you budgeted for equine care? Monthly: _____ Annually: _____

Equine Housing/Facility Information:

If the equine will not be housed at your residence, please provide following information:

Facility Name: _____ Type of Facility: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____

All About Equine Animal Rescue, Inc. (AAE) is a volunteer-based, charitable 501(c)(3) non-profit equine rescue and rehabilitation organization, Federal Tax ID Number: 27-0384523.

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Are you paying for full care, partial care, or self-care board? _____

Number of equine in each area: _____

Describe housing features, including size (e.g. barn, stall, flooring, shelter, paddock, pasture, arena, round pen, footing, trails, etc.): _____

Describe fencing materials in all equine housing areas (e.g. wood, panels, type of wire, type of posts, electric, barbed, etc.): _____

If turnout is limited, how many hours of daily turnout will the equine receive: _____

Describe turnout area(s): _____

Will you allow AAE to conduct pre-adoption and post-adoption visits? Yes or No _____

Animal Care History:

Have you or anyone in your immediate family or in your household ever been arrested, charged or found guilty of any crime involving animals? Yes or No _____ If yes, please explain: _____

Do you currently own an equine(s)? Yes or No _____

If yes, please describe each and how long you have owned? _____

Is each current with vaccines, deworming, hoof care, and dental care? Yes or No _____

If yes, what schedules do you maintain? If not, please explain : _____

Do you have a formal, written succession plan for your equine in the event of job loss, injury, illness, or death? Yes or No _____ If yes, please describe: _____

What would you do if your equine suffers an injury or illness that renders it unrideable, for the short-term or permanently?: _____

Have you owned an equine(s) in the past? Yes or No _____

If yes, how long did you own each? _____

If not, what was the fate? Why do you no longer own each? _____

Have you ever had an equine in your care die from injury, illness, or euthanasia? Yes or No _____

If yes, what was the cause of death or reason for euthanasia?: _____

Have you ever sold an equine or other animal through an auction? Yes or No _____

If yes, please explain: _____

Have you ever surrendered an animal to a rescue, humane society, or animal control? Yes or No _____

If yes, please explain: _____

Equine Handling, Riding, Training Experience:

Describe your equine experience with equines [include care, handling, personal instruction/lessons/trainers (where/how did you learn), have you personally trained your horses or others, riding, schooling, competition, foals to young equine, abused/neglected equine, mustangs/wild/feral equine, other notable experience). _____

If you are adopting a young equine or a project equine, describe your training and care philosophies and training/care plan? _____

Are you willing to hire/work with a trainer: _____ What is your budget for training?: _____

Will you reserved funding in your budget for training whether you think you need it or not? _____

If you plan on training your equine, are you committed to hiring a trainer, when needed?: _____

Are you committed to success with your adopted equine, whatever it takes and however long it takes?: _____

Planned Care Program:

Describe your plan for care of adopted equine.

Feeding program (frequency, type(s) of feed, individual or herd, etc.): _____

Deworming program (frequency, type(s), etc.): _____

Hoof care program (frequency, shoes, provider, etc.): _____

Vaccination program (frequency, type(s), provider, etc.): _____

Dental program (frequency, provider, etc.): _____

By signing below, I certify that I am over the age of 18, and all information provided above in the Adoption/Foster Questionnaire is true and correct to the best of my knowledge.

Applicant

Signature: _____ Date: _____

Print Name: _____

Applicant

Signature: _____ Date: _____

Print Name: _____