

W.H.I.N.N.Y.
14076 Township Road 203 N.E.
Crooksville, Ohio 43731
740-982-1257

ADOPTION QUESTIONNAIRE

***Date:**

Your Name:

Your Mailing Address:

City/State/Zip:

Home Phone: _____

Work Phone: _____

Cell/ Pager: _____

E-mail: _____

It is with the utmost importance that these following questions be answered completely. Any questions left unanswered will cause this application to be null and void.

1) Is this your first horse? Yes: _____ No: _____

If no, how many horses have you owned? _____ How many horses do you own now? _____

How many horses have you bought & sold in the last five (5) years? _____

Briefly explain why:

Have you adopted an animal from a rescue facility or humane shelter in the past? Yes: _____ No: _____

If yes, do you still have the animal? Yes: _____ No: _____

If no, explain why:

Were any of the horses housed at a boarding facility? Yes: _____ No: _____

If yes where? (Give complete name location and phone number of facility)

Who was responsible for the care of the horses if they were housed on your property?

If someone other than family give the complete name(s), address & phone number(s) of the person(s) caring for the horse(s)

2) Describe in detail (age, size, gender, color) the horse you wish to adopt.

*Is there a particular horse in the W.H.I.N.N.Y. program you would like to adopt?
Yes: _____ No: _____

If yes, state name and number:

If a horse becomes available that does not meet any or all of your personal request and W.H.I.N.N.Y. feels the horse would be a suitable match, would you be willing to adopt the horse? Yes: _____ No: _____

3) Will you accept a horse with a physical limitation or special care requirements? Yes: _____ No: _____

Will you adopt a Companion (can not be ridden) horse? Yes: _____ No: _____

4) Who will be the primary rider?

Age: _____ Weight: _____

a) Riding experience:

5) What type of riding and activities do you plan to do with your adoptive horse? (check all that apply)

Western: _____ Pleasure/trail: _____

Other: _____ Please explain:

All applicants, regardless of past knowledge or experience, must agree to attend a Horse Awareness Class given free at the facility.

6) Where will the horse be kept? Home: _____ Boarding Facility: _____

If boarding facility, give complete name, location & phone number

7) Please provide three (3) non-family references, which have knowledge of your history of animal care:

a) Name & phone:

a) Address:

b) Name & phone:

b) Address:

c) Name & Phone:

3) Address:

8) Please provide the name of your veterinarian and farrier (if you have them):

a) Vet Name & phone:

b) Farrier Name & phone:

By signing this application, I agree to abide by all its terms and conditions and that I have answered all questions truthfully and to the best of my knowledge.

Signed: _____ Date: _____

Print Name: _____

I, _____, certify that I have no prior violations or convictions of inhumane

treatment to animals.

*W.H.I.N.N.Y. reserves the right to refuse adoption if W.H.I.N.N.Y. deems the horse and adopter is not a suitable match.

*Adoption application will be kept on file for 1 year from application date.