



Community Equine Outreach of Eastern Washington Adoption Application

Applicant Information:

Name _____

Address _____

City State, Zip _____

County _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

All Applicants must be over the age of 18. Are you over 18 yrs of age? ___ Yes ___ No

Have you ever been charged with or convicted of animal abuse or neglect? ___ Yes ___ No

Do you currently own any equine? ___ Yes ___ No If Yes, how many? _____

If you **do not** own any equine(s), have you owned any in the past and if so how long did you own for?

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

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

Facility Information

Will the adopted equine be housed at the address stated above ___ Yes ___ No

If Yes, do you rent or own?

If you own, can you provide proof of insurance?

If you rent, please provide your landlords information so that we may verify.

If you selected No, please provide us with the following information:

Facility Name

Facility Address

Contact Person

Contact Phone

Pasture Size

Number of equine kept in same pasture

Describe shelter in pasture

Describe fencing that is used

Do you own a horse trailer or have access to safe transportation?

Please attach or email photos of your facilities including shelters, fencing, water sources, pastures if applicable to communityequineoutreachofewa@yahoo.com

Equine Experience and Interest

Describe your experience with horses; handling, caring for, foaling, riding, training, showing:
(attach a second page if necessary)

Who will be feeding and caring for the adopted equine?

How often do you plan on feeding the equine?

What are you planning on using your adopted equine for?

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

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, if it is deemed rideable by CEOEW.

What type of equine are you interested in adopting? (mule, pony, senior, foal, pregnant mare etc)

Are you able to commit to an equine that is underweight and needing additional food or supplements?

Please share any other experience or interests that will help us place the appropriate equine with you.

Reference Information

Farrier Name and phone number _____

Veterinarian Name and phone number _____

Personal Reference #1

Name

Address

Phone Number

Personal Reference #1

Name

Address

Phone Number

I understand that by filling out and signing this application, I am applying to adopt an equine from Community Equine Outreach of Eastern Washington. I understand that my application must be approved before I will be allowed to adopt an equine from Community Equine Outreach of Eastern Washington. I understand that the application process is not a guaranteed approval and may be denied by Community Equine Outreach of Eastern Washington.

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