

# PURPLE HAZE STANDARDBRED ADOPTION PROGRAM

## ADOPTION APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_

PHONE NUMBER: (HOME) \_\_\_\_\_

(CELL) \_\_\_\_\_

E-MAIL \_\_\_\_\_

### APPLICANT PREFERENCE FOR HORSE:

Gelding \_\_\_\_\_ Mare \_\_\_\_\_ No Preference \_\_\_\_\_ Horses Age: \_\_\_\_\_ Color  
Preference if any: \_\_\_\_\_ Size / Hands: \_\_\_\_\_

### APPLICANT RIDING EXPERIENCE (Please describe):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RIDING DISCIPLINE: Dressage \_\_\_\_ Hunter/Jumper \_\_\_\_ Eventing \_\_\_\_ Polo \_\_\_\_ Trail/Pleasure \_\_\_\_  
companion \_\_\_\_ Therapeutic Program \_\_\_\_ Lesson Program \_\_\_\_ other: \_\_\_\_\_

You must provide pictures of the shelter and turn-out area where you intend to board the horse. We would also appreciate pictures of any animals you now own. These pictures will be returned promptly if you include a self-addressed stamped envelope or email them to [officephsap@gmail.com](mailto:officephsap@gmail.com)

According to the law, you are responsible for providing the proper care and ongoing maintenance of the horse. This includes providing the appropriate year round shelter, free access to water, proper feed, inoculations, dental care, hoof care and de-worming. You are also responsible for providing veterinary care, as necessary, in the event of illness or accident; as well as routine visits.

Signature of applicant and person responsible for the horse's care:

Applicant Signature: \_\_\_\_\_

Person(s) Responsible ~ Signature(s): \_\_\_\_\_

(Parent or Guardian if under 18 years of age)

ADOPTION APPLICATION – REFERENCES

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To be completed by **applicant**:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**To be completed by equine professional reference:**

Name of Professional Equine Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**How long have you worked for or known the applicant?** \_\_\_\_\_

**If you have not previously worked with the applicant's animals, after speaking with the applicant, do you agree to work with any equine he/she may adopt or foster from the Purple Haze Standardbred Adoption Program**

Yes or No: \_\_\_\_\_ Please explain if needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you feel that any equine, adopted from Purple Haze Standardbred Adoption Program, would be provided a good home with all the care and attention necessary for a happy and healthy life? Why or why not?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who is your / or will be the Veterinarian for this horse:**

Name of Vet & Practice: \_\_\_\_\_

Vets Office Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_