



PLEASE RETURN TO:

PO Box 253, 544 County Road 4 , Oxford, NY 13830 cell: 518-669-2715 F: 607-843-2299 E-Mail: officephsap@gmail.com

APPLICATION

Name of Horse you would like to Adopt _____

Name of Applicant: _____ Age: _____ (Must be at least 18 years old)

Address _____
(If Rural Route, include actual street name and address)

City _____ STATE _____ ZIP: _____

Home Phone #: (_____) _____ Cell Phone # (_____) _____

Work # (_____) _____ Fax # (_____) _____

Where is the best place to reach you between the hours of 9-5 EST? Home Cell Work Email

E-MAIL _____

Employer Name: _____

Employer Address: _____

Applicant References:

(Please do not use family members)

NAME OF YOUR PRESENT HORSE VET (no relatives): _____

Phone # (_____) _____ How long have you used this vet? _____

NAME OF YOUR PRESENT SMALL ANIMAL VET (no relatives): _____

Phone # (_____) _____ How long have you used this vet? _____

NAME OF YOUR FARRIER (no relatives): _____

Phone # (_____) _____

How long have you used this farrier? _____

NAME OF TRAINER: _____

Phone # (_____) _____

NAME OF PERSONAL REFERENCE (work or school): _____

Phone #: (_____) _____ How long have you known this person? _____

In what capacity? _____

NEIGHBOR (cannot be a relative): _____

Address: _____

Phone #: (_____) _____

EMERGENCY CONTACT _____

Address: _____

Phone #: _____

Horse Preferences

Gender:	<input type="checkbox"/> Gelding	<input type="checkbox"/> Mare		
Color	<input type="checkbox"/> No Preference	<input type="checkbox"/> Black	<input type="checkbox"/> Bay (<i>more readily available</i>)	<input type="checkbox"/> Other:
Age of Horse:	<input type="checkbox"/> No Preference	<input type="checkbox"/> Young (1-12)	<input type="checkbox"/> Teenager (13-19)	<input type="checkbox"/> Seasoned (20+)
Size:	<input type="checkbox"/> No Preference	<input type="checkbox"/> 14-15 hands (average size)	<input type="checkbox"/> 15-16 hands	<input type="checkbox"/> 16+ hands

Who will use the horse the majority of the time? _____

Height & weight of person who will be riding: Height _____ Weight _____

What will you use the horse for? _____

Briefly describe riding experience:

How long has it been since you've ridden a horse? _____

Please check all you have experience with and what level.

Tacking a horse Beginner Intermediate Advanced

Handling a horse? Beginner Intermediate Advanced

Lunging a horse? Beginner Intermediate Advanced

Taking a horse from pasture when other horses are present?

Beginner Intermediate Advanced

Loading and unloading a horse in trailer? Beginner Intermediate Advanced

How would you rate yourself in regards to horse care and riding? Beginner Intermediate Advanced

How would you rate the main rider of horse, if not applicant? Beginner Intermediate Advanced

How will you use your horse? Trail/Pleasure Shows/Event Driving (Please elaborate) _____

On an average how many days per week will this horse be ridden or driven? _____

Period of time each session at: Walk _____ Trot _____ Canter _____

How long have you been searching for a new horse? _____

Have you ever owned a horse or a pony before? Yes No

If not, have you ever been responsible for another's horse or pony and for how long and under what circumstances? _____

Please list all horses sold/given away/died within the last 5 years (details, please):

List all horses you now have, their names, ages, and uses: _____

Please list any other animals (dogs, cats, cows, etc) you have, and their names: _____

Have you ever quarantined a horse? Yes. No

If you have, what measures have you taken to properly quarantine? _____

Any questions? Please call or email us. cell: 518-669-2715 Email: officephsap@gmail.com

Stabling Information

This horse will be stabled at: <input type="checkbox"/> Boarding Facility <input type="checkbox"/> Home <input type="checkbox"/> My property, other than home			
Name of facility _____			
Website (if applicable): _____			
Address _____		City _____	State _____ Zip _____
Phone # (_____) _____	Name of Contact Person _____		
Name of Barn Vet _____		Phone # (_____) _____	
Name of Barn Farrier: _____		Phone # (_____) _____	

- Describe the horse shelter: Barn size _____ Box Stall Size _____ Run In Shed _____
- Type of flooring in shelter: _____
- What type of fencing encloses the turnout area? _____

- What is approx. size of the turnout area: _____ Number of horses at the facility? _____
- How long will your horse be turned out each day? _____
- What type of hay is used & in what amount per day? _____
- What is the grain stored in & where is it stored? _____
- What arrangements have been made to provide clean water for the horse 24 hours per day?

- How often will/do you deworm your horse? _____ List products used. _____
- How often will/do you have your horse's teeth floated? _____ Farrier Trim/Shoe? _____
- How often will/do you inoculate? _____ Do you use a veterinarian for vaccinations? _____
- How would you introduce an adopted horse to his/her new environment and pasture mates? _____

- For what reasons would you call a Vet? _____
- Describe the area/situation in which you would feed two or more horses turned out together: _____

Photos REQUIRED Prior to Finalizing Application

Close-up pictures are appreciated by snail or email

Enclosing pictures with your application will expedite the application process

1. Barn and/or run-in shed, in& out.
2. Hay, grain, grain containers & storage areas.
3. Inside of stall/shelter including flooring.
4. Turnout(s) all fencing & water provisions.
5. Other horses at facility, if applicable.
6. Any other animals currently in your care.

If you are unsure how to answer a question, or would like to speak to someone, please do not hesitate to call our office or email us at: **607-843-2299 or cell 518-669-2715, Email: officephsap@gmail.com**

Checklist: Included description of your ideal horse, answered all questions, attached photos, signed and dated the application.

Signature of Applicant (Applicant must be at least 18 years of age)

Date

Please describe your ideal horse: _____

How did you learn about _____ Friend _____ Website _____ (Please list search engine)

PHSAP? Newspaper/ _____ (Please tell us which one) Flyer Other _____

Magazine