



6360 Arborwood Ave. Cocoa, FL 32927 321-543-2924
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ADOPTION APPLICATION

NAME: _____

ADDRESS: _____

PHONE-HOME: _____

PHONE-CEL: _____

EMAIL ADDRESS: _____

EMPLOYED BY: _____

TITLE: _____

ADDRESS: _____

DRIVER'S LICENSE: _____

STATE: _____

DATE OF BIRTH: _____

NO HORSE WILL BE ADOPTED OUT TO ANY PERSON UNDER THE AGE OF 21 YEARS UNLESS THE APPLICATION IS CO-SIGNED BY THE ADULT PARENT OR GUARDIAN.

REFERENCES

NAME 1: _____

PHONE 1: _____

NAME 2: _____

PHONE 2: _____

NAME 3: _____

PHONE 3: _____

Where will the horse be stabled? _____

Please, provide us with a name and contact number for the owner of the facility. _____

What is your level of riding ability? _____

Are you confident in your ability to handle a retired TB? _____

Discipline(s) you would like the horse to perform: _____

Considering the rising costs of feed, vet care, farriers, etc. are you confident that you have the financial means to properly care for the horse? _____

Will there be more than one person involved in the care of the horse? If so, please, provide names, addresses, and phone numbers: _____

Briefly explain why you wish to adopt this particular horse? _____

Adopter Signature: _____ Date: _____

Print: _____

HART Representative Signature: _____ Date: _____

Print: _____



