



6360 Arborwood Ave. Cocoa, FL 32927 321-543-2924
www.hartforhorses.org adoptions@hartforhorses.org

ADOPTION APPLICATION

NAME: _____

ADDRESS: _____

PHONE-HOME: _____

PHONE-CELL: _____

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: _____

Name of horse to be adopted: _____

Year of Birth, Breed, and Gender of horse: _____

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: _____

Applicant Signature: _____ Date: _____

Print: _____

IF APPLICANT IS UNDER 21 YEARS OF AGE:

Parent/Guardian Signature: _____ Date: _____

Print: _____

HART Representative Signature: _____ Date: _____

Print: _____