



Northeast Arkansas Humane Society

Animal Name: _____

EQUINE ADOPTION APPLICATION

Prior to the adoption of an animal, we ask that you complete this application. This information will help the NEAHS achieve its goal of finding permanent, responsible, loving homes for the animals in our care and allow us to better assist you in finding a horse well suited to your needs and lifestyle.

Please read and initial the following to show that you understand that to be considered for adoption you must:

- _____ Understand that at some point, my pet will need further vaccines and/or emergency care and those costs are solely my responsibility.
- _____ Understand that all adopters must be at least 21 years of age.
- _____ Have a valid government-issued photo ID and be a legal resident of the United States.
- _____ Adopter must have a plan in place if they become unable to care for this equine.
- _____ Understand that I am taking on responsibility for an equine and if I experience a life changing event that prevents me from keeping my equine, I can always return my equine to NEAHS.
- _____ Adopter affirms they are physically capable and willing to spend the time and money necessary to provide training, medical care and companionship for the life of this animal.

YOUR INFORMATION

Drivers License #: _____ State Issued: _____ Age: _____
 Adopter Name(s): _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone () _____ Email _____
 Employer Name & Address _____ Work # () _____

Do you? Rent Own Live with Parents Length of Time at Address _____

Landlord Name & Telephone _____
(Please note that we do check to make sure that you own or are allowed to have horses.)

What is your plan if you become unable to care for this animal?

Equine needs to be good with: Children under 8 Years Children over 8 years Elderly
 Other Equine Other: _____

How much acreage do you have and is it near your home? _____

How do you plan on confining this horse to your property? Please describe shelter available?

Please list your current vet _____



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Please list all other equine that you own. (Name, Age, Equine Type)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Pease review the following adoption policies and information.

After reading each item, place your initials in the box next to the item.

T **reatment of Adopted Animal** –The adopter acknowledges and agrees that the adopted animal will be treated humanely, not used for experimentation, not used for illegal purposes. The adopter agrees to provide good wholesome food, water, shelter and protection from the weather.

H **and Temperament**-The NEAHS makes every effort to insure the health of all the pets in our care. However, there is no claim of presentation as to the temperament, health, age or mental disposition of any animal put up for adoption. If the adopter chooses to adopt the animal under the circumstances, the adopter acknowledges that they will assume the costs of treating the animal. ***Adopters assume full responsibility for the animals at the time of possession.***

V **accinations** - I understand that horses are required by State Law to have an annual Coggin’s Test. The horse will have a current Coggins Test when they are adopted out.

R **efund Policy**-If the adopted animal becomes ill or develops any undesirable behaviors within 14 days of the adoption date; you may return the horse to the NEAHS for a full refund. This refund must be made within 14 days. **You may always return the horse to us at any point following adoption, if needed.**

S **urgical Sterilization**- Any male equine of NEAHS will be gelded before adoption.

R **elease & Discharge**-The Adopter hereby releases and discharges the NEAHS, its officers, directors, and employees from liability whatsoever from any damage to any person or property caused by adopted animal, and from any causes of action, claims, suits or demands that may arise as a result of injury or damage caused by or to said animal. The Adopter hereby waives any causes of action, claims, suits or demands that Adopter, or his or her heirs, executors or assigns have or may have in the future against the NEAHS, its officers, directors, and employees for any reason whatsoever related to the adoption of the adopted animal, including but not limited to the repossession of the adopted animal in accordance with this contract. Policy **and fees are subject to change without notice as amended by NEAHS Board of Directors.**

Upon adopting an equine from the NEAHS, I agree to the following:

- I will not keep my equine on a chain or tied up in ANY manner in accordance with city code.
- I give the NEAHS permission to inspect my equine’s new home and repossess the animal if it is found to be receiving inadequate care, or if I do not abide by the terms of this adoption contract.
- If I am unable to care or provide for the equine, I will contact and return said equine to NEAHS.

I have read, understand, and agree to abide by the above-mentioned policies.

Print Name _____ Signature _____ Date _____