



Barn Address: 6400 SW Martin Highway • Palm City, FL • 34990
Mailing Address: P.O. Box 1199 • Palm City, FL • 34991
 772-220-0150 • eraf2000@gmail.com
 www.ERAF.org

ADOPTION APPLICATION

Thank you for your interest in adopting a horse from the Equine Rescue and Adoption Foundation, Inc. (ERAF). Please complete this application and return it to ERAF for consideration.
 Via email: eraf.adoptions@gmail.com. Via mail: P.O. Box 1199, Palm City, FL 34991.
 We appreciate your support!

Adopter must be 18 years or older and have no past, current or pending criminal charges or convictions of any animal welfare law, ordinance or regulations.

A parent or guardian must adopt an animal for a child under 18.

PLEASE PRINT CLEARLY OR TYPE

Applicant's Last Name:		First Name:		Middle Initial:
Street Address or P.O. Box: <i>(P.O. Box Address requires physical facility address on page 2)</i>			City:	State:
Zip Code:	Home Phone: <i>(Include Area Code)</i>		Alternate Phone: <i>(Include Area Code)</i>	Email Address:

Personal References: (please include at least one equine related reference if possible)

#1 Name: _____ Relationship: _____

Phone Number: _____

#2 Name: _____ Relationship: _____

Phone Number: _____

#3 Name: _____ Relationship: _____

Phone Number: _____

Question 1: Horse Preferences

Gender: Mare Gelding No Preference

Level: Un-started Started Under Saddle Green Trained Companion Only

Age Preference: Under 1 Year 1-5 6-10 11 or older Custom: _____

Height Preference: Under 14.2(Pony) Over 14.2(Horse) Custom: _____

Use of horse:
Check all that apply

English Hunter/jumper Dressage Eventing Western Pleasure
Reining Cutting Ranch Work Trail Endurance Driving
Lessons Competition Companion Only

Do you own other horses? Yes No

If yes, please describe Name/Age/Attitude on a scale of 1-10 (*1 being easy going and 10 being dangerous*)

The following horse(s) on ERAF property that applicant is interested in adopting:

Question 2: Rider Information:

If riding, on average how many days per week will this horse be ridden/driven? _____

Horse Handling Experience: Beginner Intermediate Advanced

Riding Experience: Beginner Intermediate Advanced

Style of Riding (circle all that apply):

English Hunter/jumper Dressage Eventing Western Pleasure Reining Cutting Ranch Work
Trail Endurance Other: _____

Are you currently taking any kind of lessons? Yes No

How often do you take lessons? _____

Question 3: Property/Transportation Details:

Will your horse be boarded or on your own property? _____

If boarded, fill out the following.

Stable Name: _____ Stable Owner's Name: _____

Address: _____

Street

City

State

Zip

Home #: _____ Work #: _____ Cell #: _____

Shelter:

Will this horse have shelter: Yes No Approximate Size: _____

Materials Used: _____

Pasture:

Type of Fencing: _____ Approximate Size of Pasture: _____

How many hours per day will your new horse be turned out? _____

Planned Feed Program:

Type of Hay: _____ How often: _____

Supplemental Grain/Concentrate: _____ How often: _____

Water:

Source of Water: Well City Other: _____

Do you own a trailer or have access to a trailer to pick up equine should you decide to adopt?

YES NO

If yes, please provide trailer details:

Brand Name/Manufacture Year (if known): _____

Type: Stock Slant-load Straight-load Other: _____

Trailer height (ft): _____

Style: Ramp or Step up

Question 4: Medical Information:

If you have owned a horse past or present, please fill out the following. If not, disregard.

Veterinarian:

Vet Office: _____ Vet Name: _____

Office #: _____ Cell #: _____

Address: _____

Street

City

State

Zip

Farrier:

Farrier Name: _____

Office #: _____ Cell #: _____

Address: _____

Street City State Zip

Equine Dentist:

Dentist Office: _____ Dentist Name: _____

Office #: _____ Cell #: _____

Address: _____

Street City State Zip

A non-profit 501 (c)3 organization. Pursuant to the requirements of Florida Statute 496.111, the following information is provided: A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling 1-800-435-7352 within the State of Florida. Registration does not imply endorsement, approval or recommendation by the State of Florida. Our registration number with the FL Dept. of Agriculture is SC-12409. 100% of all contributions received goes to the Found

Signature: _____ Date: _____

Print Name: _____

(Below is for official ERAF personnel use only)

Adoption Committee Consultant;

The following applicant is approved for the adoption of the following horse(s) that were inquired about:

The following applicant is approved for the following:

Gender: Mare Gelding

Level: Un-started Started Under Saddle Green Trained Companion Only

Age Preference: Under 1 Year 1-5 6-10 11 or older Custom: _____

Notes:

Reference Notes:

#1 _____

#2 _____

#3 _____

Additional Comments: _____

ERAF Adoption Committee Consultant

ERAF Adoption Committee Chair

Date

Reviewed with Executive Director Date:

ERAF Executive Director

ERAF Executive Director

Date

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