

APPLICATION FOR ADOPTION REBATE

Please download and save this form to your computer.

| Applicant Name: | |
|---|--|
| Complete Mailing Address: | |
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| | |
| Phone: | |
| Email address: | |
| Name of equine rescue facility: | |
| Location of equine rescue facility: | |
| Name of adopted equine: | |
| Sex, age and description of adopted equine: | |
| Date of Adoption: | |

In the event that I return the adopted equine to the above-named rescue facility for any reason, I agree to relinquish the full rebate amount of \$50.00 (fifty dollars) to the facility for subsequent return to the Canadian Horse Defence Coalition (CHDC).

I also understand that this program is open only to Canadian residents.

Signature of Applicant

Date of Application

Please send this completed form by post or e-mail to: Canadian Horse Defence Coalition 150 First St. P.O. Box 21079 Orangeville, ON L9W 4S7 E-mail: info@defendhorsescanada.org