



CIRCLE F

CIRCLE F HORSE RESCUE SOCIETY
Box 73, Station Main, Abbotsford, BC, V2T 6Z4
E-mail address: info@circlef.ca
Website: www.circlef.ca

ADOPTION APPLICATION

I. APPLICANT INFORMATION

Name: _____ Date: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone Numbers: *Home:* () *Work:* () *Cell:* ()
Email Address: _____

II. HORSE INFORMATION (Preference for type of horse)

1. Gender:

Gelding Mare No Preference

2. Age of horse (in years):

2-4 4-6 6-10 10-15 15+ No Preference

3. Would you be willing to adopt a horse that has been injured or abused?

Yes No

4. Intended use of the horse:

Companion Trail/Pleasure Other (please describe)

5. If you plan to use the help of a trainer or friend, please provide their name and telephone number:

Name: _____ Phone No. ()

Name: _____ Phone No. ()

6. Describe what you believe is the ideal horse for you:



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III. EQUINE EXPERIENCE

1. Do you currently own any horses or have you owned horses in the past? Yes No
If so, when, for how long, and what types?

2. In the past five years, have you given away or sold any horses? Yes No
If so, please explain:

3. In the past five years, have you had any horses in your care die? Yes No
If so, please explain:

4. Who will be riding the horse?

i. Rider's Name (s):

Height: ft in Weight: lbs Age: years

Level of Experience: Beginner Intermediate Advanced

ii. Rider's Name (s):

Height: ft in Weight: lbs Age: years

Level of Experience: Beginner Intermediate Advanced

5. Please describe your experience in handling, caring for, riding, and training of horses:



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IV. EQUINE CARE – MEDICAL & NUTRITIONAL

1. What do you intend on feeding your horse?
2. How often will he/she be fed?
3. How often do you plan on having a veterinarian visit your horse?
4. How often will you or do you plan on de-worming your horse?
5. How often will you or do you have your horse's teeth floated?
6. How often will you or do you inoculate your horse?
7. How often will you or do you have your farrier trim?

V. EQUINE CARE – FACILITIES

1. Please provide the address of the facility where the horse will be kept:

Address:

City:

Province:

Postal Code:

Is this a boarding facility?

Yes

No

Is this private property?

Yes

No

2. If this is not your own property, please provide the following information:

Name of boarding facility:

Name of contact person:

Home Phone: ()

Barn Phone: ()

3. Describe the type of shelter the horse will have:

4. What size is the turnout area?



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5. What type of fencing encloses the turnout area?

6. What length of time will the horse be turned out each day?

7. How many other horses share the turn out area?

8. Is there debris in the turn out area such as tree limbs, metal, glass, trash, other?
(Please describe)

9. Who will be responsible for the daily care of the horse?

Is this person: Experienced Somewhat Experienced Inexperienced



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VI. REFERENCES

1. Personal References (Please do not use immediate family members):

i. Name:

Address:

City:

Province:

Postal Code:

Phone Numbers: *Home:* () *Work:* () *Cell:* ()

Email Address:

How long have you known this person?

In what capacity have you know this person?

ii. Name:

Address:

City:

Province:

Postal Code:

Phone Numbers: *Home:* () *Work:* () *Cell:* ()

Email Address:

How long have you known this person?

In what capacity have you know this person?



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2. Equine Professional References:

i. Name:

Address:

City:

Province:

Postal Code:

Phone Numbers: *Home:* () *Work:* () *Cell:* ()

Email Address:

How long have you known this person?

In what capacity have you know this person?

ii. Name:

Address:

City:

Province:

Postal Code:

Phone Numbers: *Home:* () *Work:* () *Cell:* ()

Email Address:

How long have you known this person?

In what capacity have you know this person?



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VII. ADDITIONAL INFORMATION

1. Neighbour we can contact if we are unable to reach you:

Name:

Address:

City:

Province:

Postal Code:

Phone Numbers: *Home:* () *Work:* () *Cell:* ()

2. Name of Veterinarian:

Address:

City:

Province:

Postal Code:

Phone Numbers: *Home:* () *Work:* () *Cell:* ()

3. Name of Farrier:

Address:

City:

Province:

Postal Code:

Phone Numbers: *Home:* () *Work:* () *Cell:* ()

VII. DECLARATION

I wish to apply for the adoption of a horse through the Circle F Horse Rescue Society and hereby grant my permission to contact the above references and to proceed with the processing of this application.

Applicant's signature: _____ **Date signed:** _____