

Application for Adoption Rebate

Name: _____

Mailing Address: _____

Street or P.O. Box

City, Province

Postal Code

Telephone: () _____

E-mail 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 CHDC.

Signature of Adopter

Date

Please send this completed form by post or e-mail to:

Canadian Horse Defence Coalition

150 First St.

P.O. Box 21079

Orangeville, Ontario

L9W 4S7

E-mail: info@defendhorsescanada.org