

Office Use Only
Date Rec: _____
By: _____
F/U date: _____
By: _____



**Second Chance Stables
&
Draft Rescue Inc.**
Savoy MA

Please check all that apply: _____ Adoption Application _____ Foster Application

Applicant Information

Name (first, middle, last): _____

Mailing Address: _____

City, State & Zip: _____

Home Phone No.: _____ Work Phone No.: _____

Cell Phone Number: _____

Email Address: _____

Current Employer: _____ Years with this Employer: _____

Employer's Address: _____

Annual Income: _____

Alternate Contact Information (needs to be a family member not in the same household):

Name (first, middle, last): _____

Mailing Address: _____

City, State & Zip: _____

Home Phone No.: _____ Work Phone No.: _____

Cell Phone Number: _____

Email Address: _____

Applicant's initials: _____

NOTICE: This document is for the sole use of the Directors and staff of **Second Chance Stables & Draft Rescue Inc (hereafter known as SCSDR Inc)** and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please inform SCSDR, Inc. and destroy all copies of this document. Equine Adoption / Foster Application

Equine Property Location: _____

If the equine will be kept someplace other than the address listed above, please provide the name of the facility, address, contact person and phone number:

Required Reference Information:

Indicate if you are: ____ currently using this vet or ____ this is a new vet

Equine Veterinarian Reference's Name: _____

Phone No. _____

Address: _____

Farrier Reference's Name: _____

Phone No. _____

Address: _____

Equine Professional Reference's Name: Phone No. _____

Address: _____

Indicate Profession: ____ trainer/riding instructor ____ other (please explain)

Adoption applicants, complete the following.

*****Foster/Companion Applicants skip to Current Equine Information**

Equine(s) You Are Interested In: _____

List equine names in order of preference:

What do you plan on using this equine for? _____

Applicant's initials: _____

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How much time per week do you plan on spending with the equine? _____

If the equine is rideable, how often each week and for how long do you plan on riding? _____

If you will be using the equine for riding, please list the names, ages, height, and weight of everyone that will be riding: _____

Current Equine Information:

How many equines do you currently have? _____

Date and name (s) of last vaccinations for your equine/s:

Equine Name: _____

Vaccinations received & date: _____

Equine Name: _____

Vaccinations received & date: _____

Equine Name: _____

Vaccinations received & date: _____

Equine Name: _____

Vaccinations received & date: _____

Date the equine/s were last dewormed/product used:

Equine name, worming date, product used:

Equine name, worming date, product used:

Applicant's initials: _____

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Equine name, worming date, product used:

Equine name, worming date, product used:

Date of last negative Coggins, please list date on all equines:

Equine Name & Coggins date: _____

Equine Name & Coggins date: _____

Equine Name & Coggins date: _____

Equine Name & Coggins date: _____

Equine Experience:

If you currently do not have any equines, have you previously owned and if so for how long?

In the past five years, have you given away or sold any equines? Please explain.

In the past five years, have you had any equines pass on while in your care? Please explain.

Describe your experience with handling, caring for, riding, and/or training equines.

Rescue mandates (Please initial each):

Nutritional plans set by rescue must be followed: _____

Equines must be trimmed every 6 weeks spring-fall and 8 weeks over the winter or as needed: _____

Applicant's initials: _____

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Worming must be done quarterly: _____

Rescue will approve all vet/emergency visits: _____

Shelter must be available 24/7: _____

If the equine is stalled adequate turnout is mandatory: _____

**** Clear pictures of the following must be supplied to SCSDR Inc if application for approval:**

Shelter: All shelters must be 3 sided, in good condition and accessible 24/7 to equine

Type and size of shelter/s: _____

Paddocks/turnout: Areas must be large enough to accommodate equine without overcrowding, must have access to dry lot (if applicable)

Size of paddock/turnout: _____

Number of equines sharing paddock/turnout: _____

Pasture: if available

Size of pasture: _____

Number of equines sharing pasture: _____

Fencing: All fencing is acceptable if in good condition and working order

Type of fencing surrounding the paddock/pasture: _____

Manure management: Must have an acceptable way of managing manure

Feeding equipment: Hay feeders, nets, bins, dishes etc

Watering equipment: Water troughs, buckets, heaters if available

Hay storage: Must have dry hay storage

Applicant's initials: _____

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****SCSDR Inc maintains the right to do a pre-adoptive home visit to view property equine would be homed at IF within a 50-mile radius. We would like to do home visits with all our potential adopters but unfortunately it isn't feasible.**

Confidentiality Statement: I, the undersigned, understand that certain information pertaining to Second Chance Stables & Draft Rescue Inc (hereafter known as SCSDR Inc) may be confidential in nature and that I am to use discretion in discussing policies, current cases, and other related issues with non-members. I also understand that it is my privilege as a member to be party to certain email lists, and that no email messages that I receive from these lists may be forwarded to anyone not belonging to that list without first obtaining permission from a member of the Board of Directors. I have read, understand, and agree to adhere to the statement outlined herein.

Acknowledgement: I, the undersigned, understand I am applying to adopt/foster an equine from SCSDR Inc. I understand that I must complete the application procedure and have the equine property or boarding facility inspected and approved before being allowed to adopt/foster an equine from SCSDR Inc. I understand that I may not be able to adopt/foster the equine I am interested in for various reasons. In addition, I understand that SCSDR Inc may perform a background check to verify my personal information as well as check for any criminal convictions. By signing this application, I agree that I have read and understand the Adoption and/or Foster Policy of SCSDR Inc. I understand that I must submit a complete application in accordance with the policies before being considered as an adoptive and/or foster applicant. I understand that if I adopt/foster an equine from SCSDR Inc I will be subject to follow up visits in accordance with the Equine Follow Up Contract. I also understand that, in accordance with the Adoption and/or foster contract, I may never sell, give away, lease out, send to slaughter, etc. the equine I adopt/foster. the equine adopted/fostered via SCSDR Inc must return to SCSDR Inc. If potential adopter/foster approved, the Equine Follow up Contract is required which covers the above in detail. I also understand that I may never use the equine for breeding purposes. I also agree that SCSDR Inc is not liable in the event of injury, death or damage to any human, animal, or property because of activities or actions of the equine I adopt/foster. I further agree to accept all responsibility for any action or lien resulting from any action, directly or indirectly involving said equine(s) while it is in my care. Therefore, I agree and understand that neither SCSDR Inc nor its employees or agents will be liable for any damages or injury caused to me or any third person by the equine(s) once I receive delivery of it, including but not limited to damages or injuries caused by the fact that the equine(s) does not behave or perform in the manner I expected. Further, if any third person makes a claim against SCSDR Inc or any of its employees or agents because of any conduct of the equine(s) in my possession, I agree to indemnify and hold SCSDR Inc and its employees and agents harmless from any such claim, including costs and attorney's fee resulting from such claim. Every effort has been made to disclose the history of these equines AS WE KNOW IT. These are **rescued equines**, and in most circumstances, we have little or no

Applicant's initials: _____

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knowledge about the equine's prior life or training. We will tell you everything we know about the equine; however, we cannot make any guarantees about an equine's temperament or training. It is advised that the potential adopter pay for a Pre-Purchase Exam/Vet Check prior to adopting any equine from SCSDR Inc.

Applicant(s) signature: _____ Date: _____

Printed Name of Applicant(s): _____

Have you ever been charged with or convicted of animal abuse? If yes, please explain.

The following information is required for a criminal background check. All information will be protected as private and confidential:

Date of Birth: ____/____/____

PLEASE NOTE: Applications will be processed, and property inspections conducted within 3-5 days of receipt of the application. Approval depends upon expeditious return of the inspection worksheet and photographs of the equine property to the office. It is recommended that you prepare your references for our call. Vet offices will not give out information without their client's permission.

****If you have any questions, please do not hesitate to reach out to us at 413-446-5599**

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