



Illinois Horse Rescue  
OF WILL COUNTY

UNCONDITIONAL LOVE & COMPANIONSHIP

[www.Illinoishorserescue.org](http://www.Illinoishorserescue.org)

P.O. Box 1019  
Peotone, IL 60468  
708-258-3959

Office Use Only
Date Received:
Name of Horse:
\$ Amt:
Received By:

## EQUINE ADOPTION APPLICATION

### Applicant Information:

**All Applicants must be over the age of 18.**

Name (First, Middle, Last)	
Address	
City, State, Zip Code, County	
Cell Number	Email Address
Birth Date Month _____ Day _____ Year _____	Driver's License #

**There is a \$35.00 application processing fee.** Illinois Horse Rescue of Will County is a 501 (c) (3) nonprofit organization and cannot give refunds. All contributions are fully tax deductible to the extent allowed by law.

**Adoption fees help defray the costs of services pertaining to the adoption process and are non-refundable.**

### Equine Experience

How many equines do you currently have?
Date of last vaccinations for your equine(s):
Date the equine(s) were wormed and product that was used?
How often do you plan on deworming the adopted equine?
How often do you plan on having a farrier trim and/or shoe the adopted equine?
In the past 5 years have you given away or sold any animal(s)?
In the past 5 years have you had any equine(s) pass on while in your care? Please explain.

Will the equine adopted be housed at the address stated on page 1?

Yes \_\_\_\_\_ No \_\_\_\_\_ If you selected No, please provide the following information:

Facility Name	
Facility Address	City, State, Zip
Contact Person	Facility Phone Number

Please answer the following questions about where your adopted equine will be kept:

How often and how many hours will equine be turned out?
How many other equines are in the same paddock/pasture?
Describe the type and size of shelter in paddock/pasture:
Describe the type of fencing surrounding the paddock/pasture:

**Please list the names of the equine(s) that you are interested in adopting, in order of preference:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

What do you plan on using the horse for?
How much time per week do you plan on spending with the equine?
If the equine is ride able, how often each week and for how long do you plan on riding?

### Reference Information

Please check which applies: \_\_\_\_\_ This is my current vet. \_\_\_\_\_ This is the vet I plan on using.

Veterinary Reference Name	Phone Number
Name (Personal Reference #1)	Phone Number
Name (Personal Reference #2)	Phone Number

I understand that by filling out and signing this application, I am applying to adopt an equine from Illinois Horse Rescue of Will County. I also understand that my application must be approved before I will be allowed to adopt an equine from Illinois Horse Rescue of Will County. I also understand that my application may be denied for any reason and I may not be able to adopt an equine from Illinois Horse Rescue of Will County. I also understand that if I adopt an equine from IHRWC I will be subject to follow up visits in accordance with the Equine follow up Policy. I also understand that in accordance with the Adoption Policy, I may never sell, give away, lease out, send to slaughter, etc. the equine I adopt. I am aware that I may never use the equine for breeding purposes. I also agree IHRWC is not liable in the event of injury, death or damage to any human, animal or property as a result of activities or actions of the equine I adopt.

I further 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 Illinois Horse Rescue of Will County 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 the equine(s) do not behave or perform in the manner I expected. Further, if any third person makes a claim against Illinois Horse Rescue of Will County, or any of its employees or agents as a result of any conduct of the equine(s) in my possession, I agree to indemnify and hold Illinois Horse Rescue of Will County its employees and agents harmless from any such claim, including costs and attorney fees resulting in such a claim.

By signing this application, I am stating that all information provided is true and I understand that there may be consequences to providing faulty information, the information provided in this application may be used to request background check, including criminal records to verify personal information.

\* Please Sign that an Illinois Horse Rescue representative has gone over the Adoption Policy and Procedures with you and you have read, understand and agree to the Adoption Agreement, Policy and Procedures.

X \_\_\_\_\_

Date: \_\_\_\_\_

### RELINQUISH

*In the event that you feel you do not want the horse you have adopted from IHRWC anymore we ask that you return the horse, fill out an equine relinquish form (so that we may update the horses records) and **pay the relinquish fee.***

<b>Applicant's Name (Printed)</b>	<b>Date</b>
<b>Applicant's Signature (Application is VOID without signature)</b>	

### *Please Note:*

*A complete Application includes this Application, a \$35.00 non -refundable application fee, and photos of the facility where the horse will be kept. If any of these documents are missing our staff will not be able to complete the Approval Process. Please make sure you have all documentation when submitting your Application.*

*Thank You.*

**You may return this application to:**

Illinois Horse Rescue of Will County  
P.O. Box 1019  
Peotone, IL 60468