



P.O. Box 1019  
 Peotone, IL 60401  
[office@illinoishorserescue.org](mailto:office@illinoishorserescue.org)  
 illinoishorserescue.org

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

## EQUINE/ MULE or DONKEY ADOPTION APPLICATION

There is a \$35.00 application fee.

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

### **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

Do you:  Own  Rent

Is your residence a:  House  Apartment  Condo/townhouse  Mobile home  Dormitory

Landlord/Apt Manager Name & Phone Number: \_\_\_\_\_

How long have you lived at current address? \_\_\_\_\_

### **Equine Experience:**

What is your level of riding experience?

\_\_ Beginner- New around equines.

\_\_ Advanced Beginner- Comfortable at walk, trot, and lope.

\_\_ Intermediate- Comfortable at all three gaits, can handle equines that test rider.

\_\_ Advanced- Comfortable handling difficult equines.

\_\_ Very Advanced- Has experience training equines.

How many equines do you currently have?
Have you ever owned an equine/mule or donkey?
Do you or anyone in your household have allergies?

How often do you plan on having a farrier trim and/or shoe the adopted equine?
How much does it cost to care for an equine a year?
In the past 5 years have you given away or sold any animals?
In the past 5 years have you had any animal(s) pass away in your care? Please Explain.
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?
If the equine becomes permanently lame, or not rideable, what will you do with him/her?
What care do you provide your equine when you are out of town or are unable to care for them?
If you move, what will happen with your equine?

**Equine Housing:**

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

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
Contact Person
Facility Phone Number
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:
Will your new equine have a separate enclosure initially to allow them time to get acquainted with future pasture mates?
How much hay will you feed and what type?
Do you plan on graining?
Will you have access to separate pasture and dry lots?

**Reference Information:**

Please check which applies:

\_\_\_\_\_ This is my current vet and farrier. \_\_\_\_\_ This is the vet and farrier I plan on using.

Veterinary Name and Phone Number
Farrier Name and Phone Number
Personal Reference #1 Name and Phone Number
Personal Reference #2 Name and Phone Number
Personal Reference #3 Name and Phone Number

**Rescues of Interest:** Please list the names of the animal(s) that you are interested in adopting.

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

I also understand that if I adopt an animal from IHRWC I will be subject to follow up visits in accordance with the animal 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 animal I adopt. I am aware that I may never use the animal 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 animal I adopt.

I further accept all responsibility for any action or lien resulting from any action, directly or indirectly involving said animal(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 animal(s) once I receive delivery of it, including but not limited to damages or injuries caused by the fact the animal(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 animal(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.

### RELINQUISH

In the event that you feel you do not want the animal you have adopted from IHRWC anymore we ask that you return the animal, fill out an animal relinquish form (so that we may update the animal's records) and **pay the relinquish fee that can be up to \$1,000.**

\* Please Sign that an IHRWC 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: \_\_\_\_\_

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.

<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