



ADOPTION APPLICATION

Applicant's Name

Street Address _____

City, State & Zip _____

Mailing address: (same: Yes or No) _____

Home Telephone No. _____ Cell No. _____

APPLICANT INFORMATION

Applicant's Current Employer:

_____ Position: _____

Years with this Employer: _____ Work Phone: _____

Employer's Address: _____

Spouse's Current Employer:

_____ Position: _____

Years with this Employer: _____ Work Phone: _____

Employer's Address: _____

CURRENT EQUINE INFORMATION

How many equines do you currently have? _____

Date of last vaccinations for your equine/s: _____

Date the equine/s was last dewormed: _____

Veterinarian Name _____

Address _____

Phone: _____

EQUINE EXPERIENCE

Have you been a CAER volunteer?



If you currently do not have any equines have you previously owned any 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.

EQUINE & OTHER ANIMALS OWNED:

Please list all animals currently owned and length of ownership (INDICATE IF ANY DO NOT LIVE WITH YOU CURRENTLY & REASON WHY): If none currently owned, list any past owned, and when owned:

EQUINE PROPERTY LOCATION

If the equine will be kept someplace other than the street address listed above, please provide:

Name of the facility: _____

Address: _____

Contact person and phone number: _____

What type of boarding will be provided? _____

(Full/partial, etc, also provide cost for boarding)



REQUIRED REFERENCE INFORMATION:

Please provide references regarding your involvement with horses, VET, FARRIER, TRAINER, ETC:

Name of Veterinarian: _____ Phone _____

Address: _____

Years known: _____

Name of FARRIER: _____ Phone _____

Address: _____

Years known: _____

Name of TRAINER/RIDING FRIEND: _____ Phone _____

Address: _____

Years known: _____

CARE:

Who will be feeding the equine? _____

How often do you plan on feeding the equine? _____

How often do you plan on having a farrier trim or shoe the equine? _____

How often do you plan on worming the equine? _____

How often do you plan on having a veterinarian visit the equine? _____

Will the equine be kept in a barn or pasture? _____

If the equine is in a barn, what size are the stalls? _____

If the equine is in a barn, how often and how many hours will they be turned out? _____

If the equine will be kept in pasture, what size is the paddock/pasture? _____

How many other equines are in the paddock/pasture? _____

Type and size of shelter in the paddock/pasture: _____

Type of fencing surrounding the paddock/pasture: _____



EQUINE/S YOU ARE INTERESTED IN AT COASTAL ARABIANS & EQUINE RESCUE:

(List equine names in order of preference)

1) _____

2) _____

3) _____

What do you plan on using this equine for? _____

THE ABOVE EQUINES CAN NOT BE SOLD, TRADED, MOVED, BREEDED, AUCTIONED OR SENT TO SLAUGHTER WITHOUT CAER INC CONSENT. IF THE ADOPTED EQUINE CAN NOT BE KEPT, IT WILL BE RETURNED TO COASTAL ARABIANS & EQUINE RESCUE INC.

INITIAL _____

CAER INC HAS A NO BREEDING POLICY, ANY ADOPTED MARE CANNOT BE USED FOR BREEDING

INITIAL _____

Have you or any member of your family, or your spouse or spouse's family ever been charged/arrested for any type of animal welfare violation (abuse, neglect, etc.)?

Was there a conviction?

If yes, describe in detail:

ACKNOWLEDGEMENT:

The potential adopter(s), _____, give(s) permission for all persons and facilities listed in this application to release all data, regarding applicant(s), to COASTAL ARABIANS & EQUINE RESCUE INC (CAER INC). I/We hold harmless any actions arising from release of the information from my contacts to CAER INC.

I/We understand that the CAER INC may perform a background check to verify my/our personal information as well as check for any criminal convictions for animal abuse and/or neglect.

CAER INC horses may change disposition when taken from CAER INC. We do all we can to screen horses and give an honest profile regarding above mentioned horses. Horse's are unpredictable. CAER INC directors, volunteers, staff, interns and property owner will not be held responsible for any harm, injury or accidental death caused by adopted or potentially adopted horses.

INITIAL _____

By signing this application, I understand that if I adopt an equine from the CAER INC I will be subject to occasional follow up visits and responsible for the adopted equine.

INITIAL _____



Applicant/s signature _____ Date _____

Printed Name/s of Applicant/s _____

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

Applicant: Driver's License #: _____ State Licensed: _____

Full Name: _____ Date of Birth: ____/____/____ SSN ____/____/____

Full Name: _____ Date of Birth: ____/____/____ SSN ____/____/____

Applicant Spouse: Driver's License #: _____ State Licensed: _____

Full Name: _____ Date of Birth: ____/____/____ SSN ____/____/____

Full Name: _____ Date of Birth: ____/____/____ SSN ____/____/____

Approval:

CAER INC _____

RETURN COMPLETED FORM via USPS mail or email to:

COASTAL ARABIANS & EQUINE RESCUE INC (CAER INC)

P.O. Box 1021, Half Moon Bay, CA 94019-1021

Email: corri@caerinc.org

Website: www.caerinc.org

This document is confidential.

This document is to be viewed only by COASTAL ARABIANS & EQUINE RESCUE INC Directors

All Directors have signed a confidentiality statement.