



63220 Silvis Road Bend, Oregon 97701

541-419-4842 Fax 541-388-8225

A Non Profit Horse Rescue Organization

[www.EquineOutreach.com](http://www.EquineOutreach.com)

[horses@EquineOutreach.com](mailto:horses@EquineOutreach.com)

### ADOPTION APPLICATION

**\$25 non-refundable application fee must accompany application**

*Note: This document serves as your application to adopt a horse from Equine Outreach. As a down payment, we require one half of the adoption fee at the time your application is submitted. Once your application is approved, we will proceed with the adoption contract, at which time the balance of the adoption fee is due. All fees paid are non-refundable and are considered a donation.*

Adopter's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ *(Adopters must be at least 21 years old.)*

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ Ages of Children who may ride: \_\_\_\_\_

What other pets or animals do you have? \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address/Phone of Employer: \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_

Do you and/or your household make over \$25,000 per year? Yes \_\_\_ No \_\_\_

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

Do you own your property? Yes \_\_\_ No \_\_\_

If renting what is the name and contact number of your landlord? \_\_\_\_\_

Will the horse be kept at your residence Yes \_\_\_ No \_\_\_

If Yes, how many other horses are on the property? \_\_\_\_\_

Do you own a stallion? If yes would he be contained away from any mares? \_\_\_\_\_

How many fenced acres is your property? \_\_\_\_\_

**PLEASE NOTE: WE DO NOT ADOPT HORSES TO PEOPLE WITH UNCAPPED T-POST FENCING OR BARB WIRE! THIS IS DUE TO OUR CERTIFICATIONS AND VETERINARIAN REQUIREMENTS.**

Please describe the facilities including the type of fencing, barn or shelter; please include size of stall and/or shelter and typical living arrangement (if horses predominately live in or out etc.) and please attach pictures to this application or scan them to [horses@equineoutreach.com](mailto:horses@equineoutreach.com):

### Trailer Requirements

Equine Outreach offers transportation of your horse to your property or boarding facility. Costs are \$50 for destinations in the immediate Bend area and \$100 for areas out of Bend, such as Sisters. More distant hauls will be determined based on mileage.

If you have a horse trailer, it must be appropriately licensed, insured and approved by EOI. You are asked to provide a picture of the trailer prior to pick-up. Our horses are trained to load into an open stock trailer.

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If the horse will be boarded please name facility: \_\_\_\_\_

Boarding facility address and/or website-Email: \_\_\_\_\_

Boarding facility phone number: \_\_\_\_\_

Describe (type of facility, fencing, stall and/or pasture size and cost of board):

\_\_\_\_\_  
\_\_\_\_\_

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### HORSE EXPERIENCE

Have you owned a horse before? Yes \_\_\_ No \_\_\_

Please describe your experience: \_\_\_\_\_

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Do you currently own horse(s)? Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

If you ride, which discipline do you participate in? (Type of showing, trail riding, pleasure, recreational riding, English or western etc.): \_\_\_\_\_

How long have you been riding? \_\_\_\_\_

Do you have a Trainer or Instructor? If yes, please name: \_\_\_\_\_

Do you have a horse you are interested in? If yes please name: \_\_\_\_\_

If No please provide the following: Breed preference: \_\_\_\_\_ Height range: \_\_\_\_\_

Sex preference: Gelding \_\_\_ Mare \_\_\_ Preferred age of Horse: \_\_\_\_\_

What is your intended use of the equine? \_\_\_\_\_

Pasture pet/companion animal? \_\_\_\_\_ Showing: \_\_\_\_\_ Trail riding/recreational: \_\_\_\_\_

Please provide specific show discipline or additional details: \_\_\_\_\_

Will anyone other than you be riding the horse? \_\_\_\_\_

Who will care for the horse while you are away? \_\_\_\_\_

Veterinarian's Name & Contact Information: \_\_\_\_\_

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Farrier's Name & Contact Information: \_\_\_\_\_

Have you ever been charged with animal cruelty or domestic violence? Yes \_\_\_ No \_\_\_

Have you ever surrendered an animal to a rescue agency in the past? \_\_\_ If so please describe circumstance:

\_\_\_\_\_

**Note: We may at our discretion conduct criminal background checks**

Please list 3 references, other than family members (Please provide names, addresses, telephone numbers, relationship and e-mail address)

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

**I have read and agree with the terms and conditions outlined in the Equine Outreach Inc. adoption agreement and understand this application does not constitute approval for adoption. I certify that all information provided on this application is true and accurate to the best of my knowledge.**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Received by EOI Representative: \_\_\_\_\_ Date: \_\_\_\_\_