**DTMM’s EQUINE ADOPTION APPLICATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(w)

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Horse(s) interested in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Answer all the following questions and return, completed to [destinacionset@outlook.com](mailto:destinacionset@outlook.com)

Call 719.428.9008 with questions

\*\*For the ease of this document, DTMM will be used to represent Destinacion’s Therapy & Maybell’s Mission INC.

**Background and Experience With Horses**

1. Have you previously owned a horse?

If so, when and for how long?

If yes, did you board or directly care for your horse?

2. What is your level of experience with horses (beginner, intermediate, advanced)? Please describe your experience (i.e. have you taken lessons from a professional trainer; what types of clinics have you participated in, etc.).

3. Would you adopt a horse with physical limitations (i.e. companion only; no jumping; light trail riding)?

4. Describe the activities you plan to do with this horse.

5. Who will ride the horse, only if applicable, (adult, teen, child)?

What is their level of experience?

**Shelter**

1. Where will you keep the horse? Provide the name, address and contact information for the facility or property owner.

2. Will the horse be stalled? If so, what are the stall dimensions, i.e. 12x12, and would turnout be provided?

3. If your horse will be primarily in a pasture, what type of shelter is provided? What type of fencing encloses the pasture? What is the acreage of the pasture? How many horses share the pasture?

**Nutrition**

1. How many times per day will the horse be fed and what will you feed?

2. Will pastured horses be separated at feeding times **if** needed? How will this be accomplished?

3. Will the horse have access to a constant water source? Is it automatic? Heated?

**Maintenance**

1. How often will you vaccinate the horse and what vaccinations will be administered?

2. Please describe your worming program. What type?

3. How often will you have your horse’s teeth floated?

4. How often will your horse's feet be trimmed? Do you shoe?

5. Do you understand and agree that this animal is not to be used for breeding or slaughter purposes? and if you are no longer able to keep the animal you are aware you **MUST** return it to the rescue? This is required, legal and binding. This horse will be bought back for the purchase price, or donated back.

6. Who do you use or plan to use as your equine veterinarian?

Name:

Phone:

Email:

7. Who is your intended or used farrier?

Name:

Phone:

Email:

8. Please provide two references (other than family members) who can verify your ability to provide proper care for the horse,

1. Name:

Phone:

Email:

2. Name:

Phone:

Email:

**ALL APPLICATIONS ARE REVIEWED BY THE BOARD OF DIRECTORS. ALL FINAL DECISIONS ON ADOPTIVE HOMES ARE VOTED ON BY THE BOARD OF DIRECTORS. The decision is NON-NEGOTIABLE.**

I, the adopter, agree to maintain a proper nutritional program for the horse, including but not limited to, quality forage, grains & supplements (if needed), and access to fresh water at all times. I, the adopter, agree to refrain from breeding the horse. I, the adopter, also agree to provide satisfactory care of the horse, including, but not limited to, routine licensed Veterinary care, routine worming, farrier care, vaccinations, proper fencing and shelter, and an environment that is clean, with turnout space to maintain the health of the horse. Neglect of any of these requirements will constitute a breach of the adoption agreement and might result in removal of the horse.

DTMM reserves the right to check on the horse periodically. The Rescue has the right and permission to send a vet of their choice to examine the horse where it is housed at any time during this 1-year period. The Rescue also has the right and permission to remove any DTMM horses in Adopter's care if it is found that the horses are not being cared for as described above. No adoption fees or monies of any kind will be refunded. Registration papers, if available, will only be issued to the adopter after the adoption is finalized and the adopter has been deemed fit by the Rescue to retain ownership of the horse, and therefore, given the brand inspection.

**DTMM has the right of first refusal, unequivocally,** if the horse is to be sold, traded, leased, or given away, whether the brand is still held by DTMM or not. The horse is not to be used for breeding under any circumstances.

I, the adopter, understand that the amount to be paid for adopting the horse will be determined by DTMM and will be based upon the condition and training level of the horse (more for a well trained riding horse, less for a companion horse that cannot be ridden). Rescue will not hold horses unless a deposit is placed on a horse and that deposit is **nonrefundable**. Once a deposit is placed the adopter is responsible for all costs associated with the care of this horse, to include, but not limited to, boarding, vet, farrier, training, feed, or other cost. In the event that you choose not to adopt the horse, deposit is forfeited as a donation to the rescue. Full payment is required within 30 days of deposit. We prefer this horse to go home upon approval.

I, the adopter, understand that there will be a separate contract covering the specific terms of the agreement. This must be signed and the adoption fee paid in full prior to removal of the horse.

By signing this Adoption Application, I declare that all of the information that I have submitted to be the truth, to the best of my knowledge, and if found to be fraudulent, that I will be denied approval of adoption, and I could be held liable for any damages incurred by Destinacion’s Therapy & Maybell’s Mission.

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

Adopter's signature

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

DTMM Rep