



Nalani

HORSE RESCUE

A registered 501(c) (3) non-profit organization.
 Federal Tax Identification Number: 81-0683248

Adoption Application

Please complete all questions. Do not leave any fields blank as this may lead to delays in the application process and the potential return of this application for completion and resubmission. This application will become a part of any future adoption contract. Please inform references that a representative of the Adoption Team will be contacting them.

Part A: About You			
1 a. Name: (First)	(Middle)	(Last)	b. (Date)
2 a. Street Address:			b. Email Address:
3 a. City:	b. State	c. Zip Code	d. County:
4 a. Phone:		b. Alternate Phone:	c. May we contact you by text message? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
5 a. Date of birth:	b. How long have you been around horses?	c. Have you ever been primarily responsible for the care of a large animal? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, what type and how long?	
6 a. Would this be your first horse? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	b. If the answer to 6a is no, how many other horses have you had and what were their primary uses?	c. If you have had horses in the past, but do not currently have them, how did you release control of your former horses?	
7 a. How would you describe your feelings around horses? Confident: <input type="checkbox"/> Cautious: <input type="checkbox"/> Reserved: <input type="checkbox"/> Don't know: <input type="checkbox"/> Other (Specify):			
b. Do you ride horses? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		c. If so, describe your ability? Expert: <input type="checkbox"/> Moderate: <input type="checkbox"/> Average: <input type="checkbox"/> Novice: <input type="checkbox"/>	

8. a. Which Nalani horse are you interested in?	b. Why would you like to adopt a horse from Nalani Horse Rescue?
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Part B: Your Expectations and Care Plans

1 a. What is/are your intended use(s) for this potential adoptive equine?

Frequent Trail Ride: Occasional Trail Ride: Competition: Show: Pasture Mate:

Not Sure: Other: (Specify):

b. Are you opposed to adopting equines with ailments? Yes: No:

c. Are you willing to agree to adoption use limitations when adopting a horse with ailments (e.g., adoption with agreement the horse will not be used for riding, etc.)? Yes: No:

2. a. Where do you plan on stabling your adopted horse (Please include facility name and address)?

b. Are you willing to have a Nalani Horse Rescue Representative do a property and facility check as part of this application process? Yes: No:

3. a. What style or type of training techniques do you prefer?

b. How often do you feel a horse should be wormed?

c. How often do you feel a horse's teeth should be floated?

d. What is your opinion on shoeing a horse and how often do you think a horse's hooves should be trimmed or shod?

e. What types of vaccinations are required in your area and how often are they required?

f. How much do you anticipate spending yearly for feed, veterinarian, farrier, medications, special dietary needs and board?

g. What other animals would the adopted horse be living with?

h. Do you own or rent your home?

<p>i. Do you have a horse trailer or the ability to transport a rescued equine? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	<p>j. Have you ever adopted an equine rescue? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
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Part C: Facilities and Your Equines

This section is intended to assist Nalani staff understand what the home for an adopted equine would be like. If you do not currently own horses, please fill in as much as possible

<p>1 a. How many acres of pasture will you provide?</p>	<p>b. Will there be a barn or any similar structure for a control environment? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	<p>c. If the answer to 1c is yes, describe what structure you have.</p>
<p>2 a. What size stalls will you provide?</p>	<p>b. What type of fencing do/will you have?</p>	<p>c. Is/will there be cross fencing? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>3 a. How water is/will be provided for the adopted equine.</p>	<p>b. Do you have any objects (e.g., vehicles or wood piles) in your paddock and/or pastures? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	
<p>4 a. Do you currently own equines? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	<p>b. If the answer to 4a is yes, how many do you own and how long have you owned them?</p>	
<p>5 a. When was/were your equine(s) last vaccinated?</p>	<p>b. What vaccines were administered?</p>	
<p>6 a. When was/were your equine(s) last dewormed?</p>	<p>b. What product did you use?</p>	
<p>7 a. How many hours a day do you/will you turn out your equines?</p>	<p>b. In the past 5 years, have you given any equines away, sold any equines, or had any equines in your care die? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	
<p>8 If you answered yes to question 7b, please explain the circumstances below:</p>		
<p>9 a. Please provide the name and contact information for the farrier that you do/will use?</p>	<p>b. Please list the name and contact information for the veterinarian that you currently/will use.</p>	

Part D: Equine Related References

Please provide two knowledgeable references who are not related to you and can comment on your experience with horses. You should alert these references to the fact that they will be contacted by Nalani Horse Rescue staff.

1 a. Name:	b. Relation to applicant:	c. Contact information:
2 a. Name:	b. Relation to applicant:	c. Contact information:

Part E: Certifications

Initials:	Applicant certifies all information to be true and accurate. If any part of this application is found to be less than candid, it is expressly understood that this is grounds for denial and removal from the pool of potential adopters.
Initials:	By signing, you are giving your consent to Nalani Horse Rescue staff to contact any of the references you provided in this application.
Initials:	By signing this application, I certify that I have read and understand the adoption policies of Nalani Horse Rescue.
Initials:	I understand and agree that completion of this adoption application is in no way considered acceptance as an adopter and is used solely for purposes of evaluation of an adoption request. I also understand that Nalani Horse Rescue has the right to refuse any adoption, for any reason, at any time.
Applicant Signature:	Date:
Applicant Printed Name:	

Nalani Horse Rescue Official Use Only

Nalani Rep. Accepting Application:	Date:
Nalani Board of Directors Decision: Approved: <input type="checkbox"/> Disapproved: <input type="checkbox"/>	Date:
Decision official signature:	