



Dreamchaser PMU

A Premarin Mare Rescue & Sanctuary

6340 Kincheloe Drive ~ Falcon ~ Missouri 65470 ~ Tel: 417.288.4407

EQUINE ADOPTION APPLICATION

Check each that applies: _____ Adoption Applicant

Name _____

Mailing Address _____

City, State & Zip _____

County _____ Region (for office use) _____

Home Telephone No. _____ Work Telephone No. _____

Cell Phone Number _____ Email Address _____

Application fee: \$25 _____ (application fee includes one-year membership; no fee is required if current member)

Dreamchaser Horse Rescue & Rehabilitation is a 501(c)(3) non-profit organization. All contributions are fully tax deductible to the extent allowed by law. **Please make check payable to: Dreamchaser Horse Rescue & Rehabilitation.** Your cancelled check is your receipt.

Check here if you are interested in receiving the Newsletter. Indicate how via email or printed.

Check here to receive information on how to become a volunteer

I heard about the Organization from: _____

APPLICANT INFORMATION

Current Employer: _____ Years with this Employer: _____

Employer's Address: _____

EQUINE PROPERTY LOCATION

If the equine will be kept someplace other than the address listed above, please provide the name of the facility, address, contact person and phone number:

REQUIRED REFERENCE INFORMATION:

Indicate if you are: currently using this vet or this is a new vet

Equine Veterinarian Reference's Name: _____ Phone No. _____

Address: _____

Equine Professional Reference's Name: _____ Phone No. _____

Address: _____

Indicate Profession: farrier trainer/riding instructor breeder other _____

If wanting to adopt complete the following

EQUINE/S YOU ARE INTERESTED IN List equine names in order of preference:

1) _____ 3) _____ 5) _____

2) _____ 4) _____ 6) _____

What do you plan on using this equine for? _____

How much time per week do you plan on spending with the equine? _____

If the equine is rideable, how often each week and for how long do you plan on riding? _____

If you will be using the equine for riding, please list the names and ages of everyone that will be riding:

CURRENT EQUINE INFORMATION

How many equines do you currently have? _____

Date of last vaccinations for your equine/s: ____/____/____, ____/____/____

Vaccinations received: _____

Date the equine/s were last dewormed? ____/____/____ What product was used? _____

Date of last negative Coggins, please list date on all equines: ____/____/____, ____/____/____,
____/____/____, ____/____/____, ____/____/____, ____/____/____, ____/____/____

EQUINE EXPERIENCE

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

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 to 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: _____

Describe any debris in the paddock/pasture such as limbs, metal, glass, trash, etc.: _____

Do you have plans to remove said debris? _____ If not please explain: _____

ACKNOWLEDGEMENT: I, the undersigned, understand I am applying to adopt an equine from Dreamchaser Horse Rescue & Rehabilitation. I understand that I must complete the application procedure and have the equine property or boarding facility inspected and approved before being allowed to adopt an equine from the Organization. I understand that I may not be able to adopt the equine I am interested in for various reasons.

In addition, I understand that the Organization may perform a background check to verify my personal information as well as check for any criminal convictions.

By signing this application, I agree that I have read and understand the Adoption Policy of the Organization. I understand that I must submit a complete application in accordance with the policies before being considered as an adoptive applicant. I understand that if I adopt an equine from the Organization I will be subject to follow up visits in accordance with the Equine 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 equine I adopt. **I also understand that I may never use the equine for breeding purposes.** I agree the Organization 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 equine I adopt.

In addition, I, the undersigned, have read and understand the following: Warning: Under Missouri law, Chapter 537 Section 537.325.1, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the Revised Statutes of Missouri.

Applicant/s signature

Date

Printed Name/s of Applicant/s

The following information is confidential and will only be reviewed by an Officer or Director of the Organization:

Have you ever been charged with or convicted of animal abuse? _____ If yes, please explain.

The following information is required for a criminal background check. All information will be protected as private and confidential: Date of Birth: ____/____/____ SSN ____/____/____
