

**Humane Society of Central Illinois** **HORSE ADOPTION APPLICATION** (Staff use) ID # \_\_\_\_\_

**How did you hear about HSCI?** \_\_\_\_\_

In order to be considered for an adoption, you must: **1)** be 20 years of age (or have the signed consent of your spouse, parent, or legal guardian); **2)** have the knowledge and consent of all adults living in your household; **3)** you (or your spouse, parent, or legal guardian) must have a valid ID with current address; and **4)** understand that completing this application does not guarantee adoption and that the Humane Society of Central Illinois must approve your application.

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Please print name)

**Email** \_\_\_\_\_  **Add to HSCI email list**

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Name/description of the horse(s) you want to adopt** \_\_\_\_\_

**Where will the horse(s) be housed?** \_\_\_\_\_ **On my property** \_\_\_\_\_ **At a boarding facility**  
\_\_\_\_\_ **Other** (describe) \_\_\_\_\_

**Please provide directions to your property/other property where horse(s) will be housed:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If using a boarding facility, provide the facility's name and address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact person at facility and phone number:** \_\_\_\_\_  
\_\_\_\_\_

**Veterinarian's name:** \_\_\_\_\_

**Veterinarian's address:** \_\_\_\_\_  
\_\_\_\_\_

**Veterinarian's phone number:** \_\_\_\_\_

**Farrier's name:** \_\_\_\_\_

**Farrier's address:** \_\_\_\_\_

\_\_\_\_\_  
**Farrier's phone number:** \_\_\_\_\_

**Describe the type of shelter provided for the animal:** \_\_\_\_\_

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

**Describe the type of fencing used:** \_\_\_\_\_

\_\_\_\_\_  
**Describe the type of feed and feeding schedule you will use:** \_\_\_\_\_

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

**How many horses do you currently own?** \_\_\_\_\_

**What experience do you have with horses?** \_\_\_\_\_

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

**How do you plan to use the adopted horse(s), if you are approved?** \_\_\_\_\_

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

**Who will be the primary rider/caregiver of the animal and what is his/her experience with horses (if different from the person completing this application)?** \_\_\_\_\_

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

If you belong to any horse organizations, please list them: \_\_\_\_\_

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**Please initial:**

\_\_\_\_\_ I authorize the Humane Society of Central Illinois to check any and all references they deem necessary to determine if I am eligible to adopt an animal.

\_\_\_\_\_ I agree to strictly adhere to the Humane Society of Central Illinois's policy of gelding all male animals, including any possible offspring of adopted animals.

\_\_\_\_\_ I agree that the intent when adopting from the Humane Society of Central Illinois is to provide a responsible, loving home for the animal(s) for the rest of its/their life/lives. I understand that this may be a 20 year or longer commitment. If for any reason I can no longer care for this animal/these animals, I will contact the Humane Society of Central Illinois for assistance in finding a new owner or placement in a foster home, or return the horse to the Humane Society of Central Illinois.

\_\_\_\_\_ I understand that the Humane Society of Central Illinois reserves the right to make unannounced inspections during the first year and announced inspections during the first three years after adoption to ensure the animal(s) is (are) receiving adequate care.

\_\_\_\_\_ The Humane Society of Central Illinois makes no representations as to the health or disposition of the animal(s) adopted. The Humane Society of Central Illinois reserves the right to place the animal(s) in the home that it deems most appropriate for each animal.

By signing below, I certify that the information given is true and correct, and I recognize that any misrepresentation of facts will result in my losing the privilege of adopting a pet. I also give my veterinarian permission to release to the Humane Society of Central Illinois any vet care records and information about my current and past pets. I understand that this application is the property of the Humane Society of Central Illinois, and the Humane Society of Central Illinois has the right to deny my request to adopt. I authorize the Humane Society of Central Illinois to use my likeness in a photograph in any and all forms and media, including but not limited to publications, brochures, websites, exhibitions, digital media, social media such as Facebook, and any other printed or digital publications.

Signature X \_\_\_\_\_ Date \_\_\_\_\_  
Applicant

Signature X \_\_\_\_\_ Date \_\_\_\_\_  
Circle one: Spouse / Parent / Guardian

*Staff use only:*

*ARK checked* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Staff notes* \_\_\_\_\_