



SERRA

Sonoma Equine Rescue, Rehab and Adoption

APPLICATION FOR ADOPTION

Welcome to SERRA. Thank you for your interest in our rescued horses. In order to be considered for an adoption of one or more of our horses, you must:

- Be 21 years of age
- Have the knowledge and consent of all adults living in your household
- Have a valid ID with current legal residence address
- Have landlord's name and telephone number (or signed lease if you rent)
- Have no felonies or misdemeanors for animal or human abuse, neglect or cruelty and no one living with you or within your family or friends, or associates.

Understand that SERRA must approve your application and that this application is not a guarantee for one of our horses. We attempt to place horses in the best situation possible for the benefit of the animal. We pair horse and human in their partnership so that the horse's benefit comes first and foremost. Your stewardship for the lifetime of this horse must be compatible with the welfare and needs of the horse.

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Age: _____ DOB: _____ CDL#: _____

WHAT ARE YOU LOOKING FOR? Please use an additional piece of paper if needed to expand answers.

1. Why are you looking for a horse? _____

2. Have you owned a horse(s) before? If so, what happened to them?: _____

3. Have you adopted an animal from us before? _____ If yes, which one(s) _____

4. What background have you had in caring for a horse? _____

Sonoma Equine Rescue Rehab & Adoption

1971 Crane Canyon Road, Santa Rosa, CA 95404 Voice: (415) 730-6708 Fax: (801) 991-3726 serraequinerescue1@gmail.com

www.serraequinerescue.org Tax ID # 26-395-4337

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5. Do you want this horse for: Companion _____ Breeding _____ Competition _____ Other _____

6. How much time per week do you plan on spending with this horse? _____

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

8. If you will be using the horse for riding, please list the names and ages and weights of everyone who will be riding in your family: _____

9. Do you plan on using this horse for commercial purposes? Yes/No _____ If yes, please explain: _____

10. Who will be feeding the horse? _____

11 How often do you plan on feeding the horse? _____

12. How often do you plan on having a farrier trim or shoe the horse? _____
Who is your Farrier? _____

13. How often do you plan on worming the equine? _____

14. How often to you plan on having a veterinarian visit the equine? _____
Who is your veterinarian? _____

15. Where will the horse reside? _____

16. Where will the horse be kept during the day? (check all that apply)

Indoors _____ Outdoors _____ Stable _____ Other _____
During the night? Indoors _____ Outdoors _____ Stable _____ Other _____

17. If the equine is in a barn, how often and how many hours will they be turned out? _____
(SERRA requires turn out for at least 3 hours per day)

If the horse is in a barn, SERRA requires a stall with outdoor run or a similar set up. Is this the case? _____

18. If the equine will be kept in pasture, what size is the paddock/pasture? _____

19. How many other equines are in the paddock/pasture? _____

20. If you are not available on a daily basis to check your horse/s please give us the name and phone number of who will be checking them. _____
21. How many horses do you currently have? _____
- 22.a. Date of last vaccinations for your equine/s: ____/____/____
Vaccinations received: _____
- b. Date the horses/s were last dewormed? ____/____/____ What product was used? _____
- c. Date of last negative Coggins, please list date on all equines: ____/____/____, ____/____/____
23. Where do you live? Pls. circle: House, Apartment, Condo, Trailer
Rent _____ Own _____ With my parents _____ Other _____
24. If rent, does your landlord allow pets? Yes/No _____ I don't know _____
Landlord's name: _____ Phone: _____
Deposit required? _____ Monthly rent increase for a horse? _____
25. Do you have a horse fenced yard? Yes/No _____ Pls describe height and type: _____
26. Information about your household: # of adults: _____ # of children: _____ Ages: _____
27. Is anyone in your family allergic to animals? _____
28. What will you do with your horse if you move in the future? _____
29. How much do you anticipate spending yearly to feed, vaccinate, train, shoe and provide medical care for your horse? _____
30. Would you be willing to allow a representative from our organization visit your home and the place for housing of the horse/s before the adoption is completed? _____
31. What type(s) of pets do you own or have owned in the last 10 years? _____

32. Do you work? Yes/No _____ What is your profession: _____
Employer: _____ For how long: _____
33. Do you own a registered, reliable trailer in good condition for trailering your horse? Yes/No _____
34. Do you realize that a horse may live 20 or more years? Are you prepared for this obligation? Yes/No _____
35. And, it may take your new horse two or more weeks to adjust to its new home, especially if other horses are involved. Are you prepared to allow this much time? Yes/No _____

36. Do you have experience in Natural Horsemanship? Yes/No _____ Explain: _____

37. How do you plan to train your horse? _____

38. If you plan on using the services of a trainer, please provide: Name: _____

Phone: _____ Address: _____

Trainer's references: _____

REQUIRED REFERENCE INFORMATION:

Indicate if you are: currently using this Vet OR this is a new Vet

Equine Veterinarian Reference Name #1: _____

Phone: _____ Address: _____

Equine Veterinarian Reference Name #2: _____

Phone: _____ Address: _____

Equine Professional Reference Name: _____

Phone: _____ Address: _____

Indicate Profession: Farrier _____ Trainer/Riding Instructor _____ Breeder _____ Other _____

PLEASE READ CAREFULLY BEFORE SIGNING

By signing below, I certify that the information I have given is true and complete and that I recognize that any misrepresentation or omission of facts may result in my losing the privilege of adopting or keeping a horse even after the adoption. I authorize investigation of all statements on this application. I understand that this application is property of the SERRA.

Signature: _____ Date: _____

Completed applications may be faxed to: (801) 991-3726.

Or emailed to: serraequinerescue1@gmail.com

NOTICE: This document is for the sole use of the Directors and staff of SERRA and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please inform Sonoma Equine Rescue, Rehab and Adoption and destroy all copies of this document.

For organization:

Status _____ Requirements _____

Landlord Check _____ Vet Check _____

Animal _____ Location Check _____

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EQUINE ANNUAL CARE COST SHEET

Trimming Hooves at \$60 average per horse every 8 weeks (metal shoeing in considerably more)	\$480.00
Dental	\$250.00
Core Vaccinations	\$160.00
Hay	\$1,850.00
Supplements	\$500.00
Fly Sprays	\$100.00
Fly Mask	\$25.00
SUBTOTAL	\$3,365.00
Contingency for the unexpected	\$2,400.00
TOTAL	\$5,765.00

Extra Boarding costs can range from \$300- \$1000 per month. All horses are expected to have clean fresh water daily and a 3 sided shelter as a minimum with rubber mats as flooring.

Horses standing in stalls in their own manure is not acceptable for their hooves or their lungs and not to our SERRA horse's standards.