

Zeb's Wish Equine Sanctuary



Adoption Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Your Age: _____ *If you are under the age of 18 then Parents contact information is required.

Are you zoned for farm animals where you live? _____

Do you own or rent your home?

Own _____

Rent _____

If you rent please tell us your landlord's name and phone number

Name: _____ Phone # : _____

Zebs Wish Equine Sanctuary has minimum criteria for the adoption of our animals that are designed to ensure a safe, healthy and lifelong home for them. Some of these criteria include adequate fencing not barbed wire, safe and adequately sized shelter and consistent loving care. Will you allow a ZEBS WISH EQUINE SANCTUARY representative to do a pre adoption site visit and will you accept follow-up visits and phone calls?

Yes _____

No _____

Zebs Wish Equine Sanctuary

Our goal is to adopt our horses to people who are **committed to lifetime care to the horses they adopt**. The only way we can continue to help more horses is if we are able to place our horses into these types of homes.

We also understand that sometimes things happen that can disrupt the best of plans and or intentions. We will ask you to contact us if circumstances occur where it becomes impossible for you to keep the horse, we also ask that you consider this next question very carefully.

If the horse you adopt is rideable, do you agree to provide care for the horse for the rest of her/his life, even after she/he can no longer be ridden? *Mini horses should NEVER be ridden. We ask that this is understood and agreed to at the time of adoption.

Yes _____

No _____

At Zebs Wish we understand the plight of even finely bred animals when their circumstances change and ask that the adopted horse is NEVER BRED.

DO you agree to never breed this animal nor to put this animal in a circumstance where it may be bred accidentally?

Yes _____

No _____

Resale Policy: ZEBS WISH EQUINE SANCTUARY is seeking permanent lifetime homes for all equines.

Therefore, we reserve the Right of First Refusal should the adopter choose to sell the adopted horse. In other words, if situations change then Zebs Wish expects to have the FIRST opportunity to take the

equine back. We simply want to ensure that a previously rescued horse never ends up in a bad situation again.

How would you describe your level of experience with horses?

Novice

Beginner

Intermediate

Experienced

Professional

If the horse you are submitting this application for is currently in training, you will be required by ZEBBS WISH EQUINE SANCTUARY to take 4 lessons from that trainer. These will allow ZEBBS WISH EQUINE SANCTUARY and the trainer to evaluate whether or not the animal and the applicant are a good match. It will also allow the adoptee to see how the horse has been trained and to ask questions/get help before making the decision to adopt.

Do you agree to take a lesson from the trainer?

Yes _____ No _____

Do you currently have a horses, mule or burro?

Yes _____ No _____

Number of animals you currently own:

How often do you feel an equine should be de-wormed? _____

How often do you feel an equine's teeth need to be floated? _____

How often do you feel an equine's feet should be done? _____

Will your adopted horse have herd mates?

Yes _____ No _____

If you are interested in adopting a pasture pal, what other animals would the horse be living with?

Will the adopted equine live on your property?

Yes _____ No _____

If yes, what type of fencing do you have? _____

If No, please list the name, address and Phone Number of your boarding facility:

Name: _____ Phone # _____

Address: _____

City: _____ State: _____ Zip: _____

If the horse is boarded, how often and for how long will the horse be turned out?

What type of fencing does the facility have? _____

How big is the turnout area or pasture? _____

Please provide us with your Veterinarian's information:

Name: _____ Phone # _____

Address: _____

City: _____ State: _____ Zip: _____

Please provide us with your Farrier's information:

Name: _____ Phone # _____

Address: _____

City: _____ State: _____ Zip: _____

Please provide us with two references, people not related to you, who can testify to your ability to provide and care for horses:

Name: _____ Phone # _____

Name: _____ Phone # _____

Please return this form to:

Adoptions-Zebs Wish Equine Sanctuary

34950 SE Colorado Rd

Sandy, OR

97055

THIS APPLICATION may be denied for any reason and is subject to approval by all board members. If the application is denied, no reason may be given, but all applicants are welcome to reapply after 90 days of denial if their situation has altered enough to be considered for approval once again.

