



APPLICATION TO ADOPT A HORSE / PONY / DONKEY

NAME OF HORSE / PONY / DONKEY: _____

Please note that this merely an application form to adopt a horse / pony / donkey, and is subject to a pre-home inspection. Once your application and property have been approved by Wet Nose, an adoption contract will be completed. Wet Nose reserves the right to decline any application at our discretion.

PERSONAL DETAILS:

FULL NAME & SURNAME: _____

IDENTITY NUMBER: _____

PHYSICAL ADDRESS: _____

WILL THE ANIMAL BE KEPT AT THE SAME ADDRESS YES / NO

IF NO, WHERE WILL THIS ANIMAL BE KEPT: _____

CONTACT DETAILS

TEL HOME: _____

TEL WORK: _____

CELL NO: _____

E-MAIL: _____

DETAILS OF A RELATIVE (NOT STAYING ON THE SAME PREMISES)

NAME: _____ CONTACT DETAILS: _____

ADDRESS: _____

IS THIS HORSE/PONY/DONKEY FOR YOURSELF: YES / NO

IF NOT, WHO IS IT FOR: _____

REASON FOR WANTING THE HORSE/PONY/DONKEY: _____

WHAT WILL THE ANIMAL BE USED FOR _____

WHO WILL HANDLE/WORK/TRAIN THIS ANIMAL _____

HOW MUCH EXPERIENCE DOES THIS PERSON HAVE: _____

HOW MANY HOURS WILL THIS ANIMAL BE WORKED DAILY: _____

WILL THIS HORSE/PONY/DONKEY BE RECEIVE ATTENTION ON A DAILY BASIS: _____

HAVE YOU EVER ADOPTED AN ANIMAL FORM A WELFARE ORGANISATION BEFORE: YES / NO

WHERE: _____ WHEN: _____

CAN YOU AFFORD PRIVATE VETERNARIAN FEES: YES / NO

VET CONTACT DETAILS: _____

WILL THIS HORSE/PONY/DONKEY HAVE AN EQUINE COMPANION: YES / NO

WILL THIS ANIMAL BE PARTICIPATING IN COMPETITIVE SPORT OR SHOWS: YES / NO

DO YOU INTEND TO BREED WITH THIS ANIMAL: YES / NO

DOES YOUR CURRENT ANIMALS GET ALONG WITH OTHER EQUINE ANIMALS: YES / NO

HOW MANY EQUINE ANIMALS HAVE YOU OWNED IN THE PAST: _____

WHAT HAPPENED TO THEM: _____

FULL DESCRIPTION OF YOUR FENCING AND GATES: _____

CARE OF HORSE / PONY / DONKEY:

WILL THIS HORSE/PONY/DONKEY BE IN A PADDOCK OR PASTURE DURING THE DAY: _____

WHAT KIND OF SHELTER IS AVAILABLE FOR THIS ANIMAL: _____

WHERE WILL THIS ANIMAL SLEEP AT NIGHT: _____

WHAT KIND OF GRAZING EXISTS: _____

WHAT ADDITIONAL FEED WILL BE SUPPLIED: _____

WHAT DOES YOUR DAILY ROUTINE INCLUDE: _____

WHICH VACCINATIONS WILL THIS ANIMAL NEED: _____

HOW OFTEN WILL YOU DEWORM THIS ANIMAL: _____

WHAT OTHER TREATMENTS / SERVICES WILL THIS ANIMAL NEED: _____

ARE YOU WILLING TO BE ASSESSED BY THE WET NOSE STAFF IN YOUR HANDLING / RIDING ABILITIES (IF APPLICABLE): YES / NO

ANIMALS CURRENTLY OWNED:

BREED	AGE	SEX	STERILISED	VACCINATED	TOTAL

DRAWING OF PREMISES:

I HEREBY AGREE THAT WET NOSE MAY DISCUSS THE APPLICATION WITH OTHER ANIMAL WELFARE ORGANISATIONS, AND THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE AND CORRECT.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20_____

APPLICANT