



Adoption Matching Form

Name:		Date:	
Phone:		Alternate:	
Address:			
E-mail:			

Horse Preference:

Gender:	<input type="checkbox"/> Gelding <input type="checkbox"/> Mare <input type="checkbox"/> Either	Build:	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Stocky <input type="checkbox"/> No preference
Horse size:	<input type="checkbox"/> Under 15hh <input type="checkbox"/> Over 15hh <input type="checkbox"/> No preference <input type="checkbox"/> _____	Age:	<input type="checkbox"/> 2-5yo <input type="checkbox"/> 5-10yo <input type="checkbox"/> 10yo + <input type="checkbox"/> No preference
Intended use: *check all that apply	<input type="checkbox"/> Trail/Pleasure <input type="checkbox"/> Western Showing <input type="checkbox"/> English Showing <input type="checkbox"/> Driving <input type="checkbox"/> Games <input type="checkbox"/> Youth riding <input type="checkbox"/> Lesson horse <input type="checkbox"/> Hunter/Jumper <input type="checkbox"/> Dressage <input type="checkbox"/> Therapeutic Horse <input type="checkbox"/> Companion/ Pet <input type="checkbox"/> Other: _____		

About the Applicant:

Riders name:		Age:	
Experience:	<input type="checkbox"/> Beginner <input type="checkbox"/> Limited Experience <input type="checkbox"/> Experienced <input type="checkbox"/> Very Experienced Describe:		
Ownership:	<input type="checkbox"/> Has not owned/solely cared for a horse before <input type="checkbox"/> Has assisted in caring for a horse <input type="checkbox"/> Has owned/cared for a horse or horses in the past <input type="checkbox"/> Currently owns/cares for a horse or horses <input type="checkbox"/> Other: _____ Describe:		
Care Team: <i>Could either be used as a reference?</i> <input type="checkbox"/> Vet <input type="checkbox"/> Farrier <input type="checkbox"/> Neither	Veterinarian to be used: _____ <input type="checkbox"/> I have used previously <input type="checkbox"/> I have not used this vet before Farrier to be used: _____ <input type="checkbox"/> I have used previously <input type="checkbox"/> I have not used this farrier before		
Have you ever been investigated for animal cruelty concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		



Facilities:

Where will this horse be stabled?	<input type="checkbox"/> Boarding facility <input type="checkbox"/> Friend/relatives property <input type="checkbox"/> My own property <input type="checkbox"/> Other: _____		
Provide address and contact name/number for facility:			
Describe the facility:			
Type of shelter:		Type of fencing:	
How many horses will share this property?		How long will horse be turned out each day?	
Who will be responsible for daily care of the horse?			

Retraining:

Experience:	<input type="checkbox"/> I am experienced and intend to train the horse myself <input type="checkbox"/> I intend to hire a trainer to start the horse <input type="checkbox"/> I require assistance finding a trainer <input type="checkbox"/> I have a trainer in mind <input type="checkbox"/> Other: _____
Trainers info:	

References:

The BCSHAS requires personal references. Please provide two references other than immediate family members:

Name:		Phone:	
Relationship:		Residing city:	

Name:		Phone:	
Relationship:		Residing city:	

-I wish to apply to adopt a horse through the BCSHAS and hereby give my permission to contact my references and proceed with the adoption process.
 -I am aware that this form does not guarantee an approved adoption – that a process is followed to ensure a suitable match for the applicant and the horse. If suitable, I am aware that there is a non-refundable deposit of \$250 to hold the horse for **up to 14 days**.

Applicant Name: _____ **Signature:** _____ **Date:** _____