



A.P.E.A.

Animal Protection and Education Association, Inc.  
Post Office Box 5335  
Vanceleave, MS 39565  
228-990-6776

## HORSE ADOPTION APPLICATION

First and Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you lived at the present address?: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Your Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you currently own a horse:      Yes or No

How much and what type of experience do you have with horses?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What type of shelter, pasture and type of fencing will be at your facility?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the horse be at your residence or a boarding facility? (Circle one please)

What is the address of the location the horse will be kept at?: \_\_\_\_\_  
\_\_\_\_\_

Name of Boarding Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_

What is the intended use of the horse? \_\_\_\_\_  
\_\_\_\_\_

#### DESCRIPTION OF HORSE(S) TO BE ADOPTED

Name of Horse: \_\_\_\_\_

Description: \_\_\_\_\_

Adoption Fee: \_\_\_\_\_

Name of Horse: \_\_\_\_\_

Description: \_\_\_\_\_

Adoption Fee: \_\_\_\_\_

**\*\* Please be sure to complete the following references page \*\***

## REFERENCES

Equine Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Farrier: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_