



# Norwegian Fjord Horse Rescue Network (NFHRN)

<https://nfhrn.org>

Please fill out, scan and email to: Margie Diaz at [rescue@nfhrn.org](mailto:rescue@nfhrn.org)



## Adoption Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ *Home* *Cell* Work Phone: \_\_\_\_\_

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

Name of horse you would like to adopt: \_\_\_\_\_

Location where horse would be kept: \_\_\_\_\_

\_\_\_\_\_

### HOME:

Are all members of your family and/or household supportive of acquiring a new horse? Yes No

Have you or anyone in your immediate family or home been accused, investigated for, or charged with animal neglect or cruelty? Yes No

Have you owned a horse(s) before? Yes No

If yes, do you still own that horse(s)? Yes No

Have you ever sold a horse? If so, please comment below:

### HORSES:

Are other horses present where the horse will reside? Yes No

How many horses are present? \_\_\_\_\_

How many horses would the adopted horse be turned out with? \_\_\_\_\_

Are any intact males present, including horses, mini's, and donkeys? If so, please explain why and housing management. Yes No

\_\_\_\_\_

**FACILITIES:**

What form/s of shelter is available in the pasture/s? \_\_\_\_\_

Are stalls available? Yes No

Describe the size and construction of the stalls: \_\_\_\_\_

\_\_\_\_\_

What area of fenced acreage with the horse have access to? \_\_\_\_\_

What type of fencing is at the facility? \_\_\_\_\_

Is the fencing in good repair? Yes No

Describe the access the horse will have to turn out, and how many hours per day the horse will be turned out:

**RIDING AND USE:**

In what types of riding do you plan to participate? \_\_\_\_\_

\_\_\_\_\_

How many hours a week do you plan to ride? \_\_\_\_\_

Briefly describe your experience and confidence level with horses, both including riding and handling horses.

Briefly describe what actions you plan to take if you began to have a behavior problem with your adopted horse.

Briefly describe what actions you would plan to take if your adopted horse became unsuitable for your riding goals through injury, illness, age, or a change in your personal goals.

Please provide the name and phone number of three references who know you well and have seen you interact with horses. No family members please.

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Please provide the name and phone number of the Veterinarian you use, and the Farrier you use.

*Veterinarian* \_\_\_\_\_

*Farrier* \_\_\_\_\_

In submitting this form you agree to and understand the following:

1. Breeding of an adopted mare is strictly prohibited. If stallions are on the property, you must ensure that breeding will not occur, either intentionally or by accident. If this is not acceptable, you must reconsider this adoption.
2. You agree to provide proper care and ongoing maintenance of the horse, to include but not limited to year round shelter, free access to clean water, proper feed, inoculations, dental care, hoof care and de-worming. You are also responsible for providing veterinary care above and beyond in the event of illness, injury or accident.
3. You agree to all of these conditions prior to the adoption becoming final, and your signature below is proof of such agreement.
4. You may not: BREED, sell, give away, assign, dispose of or transfer this horse. If an adopted horse is found to have been sold, given away, assigned, disposed of or transferred or bred, legal recourse will be sought.
5. If for any reason you are unable to care for and need to return said horse, it must be addressed in writing with the Norwegian Fjord Horse Rescue Network (NFHRN) administrators so that arrangements can be made. No refunds will be given for either the adoption fee or any expenses incurred since adoption and you are solely responsible for returning the horse at your expense.
6. NFHRN retains the right to unilaterally seize the horse upon NFHRN's determination that said horse is not being properly cared for, including neglect, physical or mental abuse, NFHRN will legally prosecute following recovery of the horse.
7. NFHRN reserves the right to conduct unannounced site inspections to check on the condition of the horse and the stable.
8. By signing this application, you certify that the information on the application is true and correct. I give NFHRN, its administrators, appointed volunteers, and its agents permission to verify all the information contained herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_