

Hidden Valley Wild Horse Protection Fund PO BOX 20052 RENO, NV 89515

An all-volunteer registered 501(c)3 Nevada non-profit organization

ADOPTION APPLICATION

We appreciate your interest in adopting a horse rescued by Hidden Valley Wild Horse Protection Fund. To ensure that each one of our horses finds a permanent and caring home, our application asks several detailed questions which are necessary for the screening process. Our goal is to adopt our horses to people who are committed to 'lifetime care' for the horse(s) they adopt.

All information received will be kept completely confidential.

NAME:				DATE:	
MAILING ADDRESS:_					
STREET ADDRESS:					
HOME PHONE:		WORK:		CELL:	
EMAIL ADDRESS:					
AGE:	HEIGHT:		WEIGHT:		
NEXT OF KIN CONTAC	CT NAME & INFO:				
NAME OF HORSE(S) Y					
WHY DO YOU WISH T	O ADOPT THIS/THE	SE HORSE(S):			
HOW MANY HORSES	HAVE YOU OWNED				
HOW MANY DO YOU	STILL HAVE AND W	HAT HAPPENED	O TO THE OTHERS	5?	
WHO WILL BE THE PR	RIMARY HANDLER?:				

WHAT IS THE PRIMARY HANDLER'S RIDING EXPERI	IENCE?		
	O HIRE A TRAINER IF YOU ADOPT A HORSE ABOVE YOUR		
WHAT TYPE OF RIDING AND ACTIVITIES DO YOU P	LAN TO DO WITH YOUR ADOPTIVE HORSE?		
WHERE WILL THE HORSE BE KEPT?			
TYPE OF FENCING	SIZE OF TURN-OUT AREA		
WHAT TYPE OF SHELTER WILL BE PROVIDED?			
DO YOU OWN OR LEASE YOUR PROPERTY?	LENGTH OF RESIDENCE		
IF LEASE, WHAT IS THE OWNER'S CONTACT INFOR	RMATION?		
CURRENT VET NAME, ADDRRESS & PHONE			
	E PAST FIVE YEARS?		
FOR WHAT REASON?			
HAVE YOU EVER SOLD A HORSE OR FARM ANIMAL	L THROUGH AN AUCTION?		
IF YES, PLEASE EXPLAIN:			
	HUMANE SOCIETY, RESCUE ORGANIZATION, OR ANIMAL		
IF YES, PLEASE EXPLAIN:			
HOW OFTEN DO YOU FEEL A HORSE SHOULD BE W	VORMED?		

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HOW OFTEN DO YOU FEEL A HORSE'S TEETH SHOULD BE FLOATED?
HOW OFTEN SHOULD A HORSE'S FEET BE TRIMMED?
WHAT IS YOUR OPINION ON SHOEING A HORSE?
DO YOU FEEL CONFIDENT THAT YOU ARE ABLE TO FINANCIALLY PROVIDE FOR THIS HORSE FOR THE REST OF HIS/HER LIFE?
WITH THE PASTURE AVAILABLE TO YOU, WHAT DO YOU ESTIMATE YOUR ANNUAL EXPENSES, (INCLUDING FEED, FOOT CARE, WORMING, SHOTS, ETC.) WILL BE FOR THE HORSE(S)?
IN THE EVENT THIS HORSE NEEDS EXTENSIVE MEDICAL CARE, ARE YOU WILLING TO DO WHATEVER IT TAKES TO PROVIDE THE BEST QUALITY OF LIFE FOR HIM/HER?
IF THE HORSE YOU ADOPT IS RIDEABLE, DO YOU AGREE TO CARE FOR THE HORSE, EVEN AFTER HE/SHE CAN NO LONGER BE RIDDEN, EVEN IF THE HORSE IS EXPECTED TO LIVE MANY MORE YEARS?
PLEASE LIST THE NAMES, ADDRESSES, AND PHONE NUMBERS OF 3 REFERENCES (PEOPLE NOT RELATED TO YOU), WHO CAN TESTIFY TO YOUR ABILITY TO PROVIDE AND CARE FOR THE HORSE(S).
I UNDERSTAND THAT IF THE ADOPTION IS APPROVED, I WILL BE REQUIRED TO SIGN AN ADOPTION AGREEMENT WHICH IS A LEGAL DOCUMENT, AND STATES, AMONG OTHER THINGS, THAT I WILL NOT BE ALLOWED TO SELL OR GIVE AWAY THE HORSE; AND THAT IF I AM UNABLE FOR ANY REASON TO KEEP OR CARI FOR THE HORSE(S), IT WILL BE RETURNED TO HIDDEN VALLEY WILD HORSE PROTECTION FUND WITH NO REFUND OF THE ADOPTION FEE.
I, CERTIFY THAT I HAVE NO PRIOR VIOLATIONS OR CONVICTIONS OF INHUMANE TREATMENT OF ANIMALS.
BY SIGNING THIS APPLICATION, YOU CERTIFY THAT YOU ARE OVER THE AGE OF 21 AND ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUTHFUL TO THE BEST OF YOUR KNOWLEDGE.
SIGNATURE:DATE:
HVWHPF ORGANIZATION RESERVES THE RIGHT TO REFUSE ADOPTION IF REPRESENTATIVES OF THE ORGANIZATION DEEM THE HORSE(S) AND ADOPTER ARE NOT A SUITABLE MATCH, EVEN THOUGH THE

ADOPTER MAY QUALIFY IN EVERY OTHER WAY. PERMANENT OWNERSHIP OF THE HORSE(S) WILL NOT BE

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TRANSFERRED UNTIL AFTER A PROBATIONARY PERIOD.

Shannon Windle, President - 775-851-3692 Send to: hiddenvalleywildhorses@gmail.com