



LCAR- EQUINE RESCUE

Non Profit 501c3 #26-2147632

PO Box 2669, Lebanon, Or 97355

linncountyanimalrescue@yahoo.org

541-258-3422

EQUINE ADOPTION APPLICATION

“Speaking for those who can’t”

Name: _____ Date: _____

ODL: _____ exp _____ Date of Birth: _____ (Must be 18 years old)

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above) _____

How long at this address: _____ Own or Rent? (circle one)

Home Phone: _____ Work: _____ Ext: _____

Cell Phone: _____ Email: _____

How many acres: _____ Type of Fencing: _____

Type of Shelter: _____

Type of equine you want to adopt:

___ Horse ___ Pony ___ Miniature

___ Donkey ___ Draft ___ Mule

How many horses do you currently have on your property: _____

Please indicate how many of each sex: M ___ G ___ S ___

Please list the livestock you currently have on your property:

Type of animal: _____ How Many? _____

_Type of animal: _____ How Many? _____

_Type of animal: _____ How Many? _____

_Type of animal: _____ How Many? _____

Please list veterinarian:

Name: _____ Phone: _____

Address: _____

Address: _____

Please list farrier:

Name: _____ Phone: _____

Address: _____

Do you have any experience in the following area(s):

Handling: _____ How Much? _____

Taking care of injury or illness: _____ How Much? _____

Socializing an animal: _____ How Much? _____

Riding: _____ How Much? _____

Caring for an animal that is not rideable: _____ How Much? _____

Please check the following issues you would be willing to consider in adopting a horse:

Health Problems: _____ Training Issues: _____ Pregnant Mare: _____

Too young to ride: _____

Hoof conditions: _____ Not ride able: _____ Older (needs special care): _____

If you have additional criteria or comments for an equine you would like to adopt, please list: _____

I understand that by filling out and signing this application, I am applying to foster/adopt an equine from the Linn County Animal Rescue:LCAR–Equine Rescue. I know information provided in this application may be used to request a background check. There are certain necessary rules that go with the adoption of a rescue equine. I have read these restrictions and agree to them. This application does not guarantee I will be approved to adopt an equine from Linn County Animal Rescue. I understand that Linn County Animal Rescue (or associates) are not liable for any property damage, personal damage, wounds inflicted, and illnesses to or caused by the adopted horse(s) or any other occurrence. I agree to this and agree to hold harmless anyone connected with the Rescue and accept all liability.

By signing this application, I am stating that all information provided is true and accurate. I understand that there may be consequences for falsifying information.

Signed: _____

Date: _____