



LCAR-EQUINE RESCUE

A Non Profit 501(C)3 Equine Rescue Organization
P.O. BOX 2669, LEBANON, OREGON 97355 541-258-3422
www.lcarhorse.com or linncountyanimalrescue@yahoo.com

EQUINE ADOPTION APPLICATION

“Speaking for those who can’t”

Name: _____ Date: _____

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

Address: _____

City: _____ State: _____ Zip Code: _____ How long at this address: _____

Mailing address (if different from above): _____

Home Ph: _____ Work: _____ Cell: _____

Email: _____ How many acres: _____

Type of fencing: _____ Type of shelter: _____

Equine you want to adopt: Horse, Donkey, Pony, Draft, Miniature, or 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? _____

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Type of animal: _____ How many? _____

Please list veterinarian:

Name: _____ Phone: _____

Address: _____

Please list Farrier:

Name: _____ Phone: _____

Address: _____

Do you have any experience in the following area(s) and if so how much:

Handling: _____

Taking care of injury or illness: _____

Socializing an animal: _____

Riding: _____

Caring for an animal that is not rideable: _____

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

Health Problems: _____

Too Young to ride: _____

Training Issues; _____

Hoof conditions: _____

Pregnant Mare: _____

Not rideable: _____

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

Additional Comments: _____

I understand that by filling out and signing this application, I am applying to adopt an equine from LCAR-EQUINE RESCUE. I know information provided in this application may be used to request a criminal background check. There are certain necessary rules that go with the adoption of a rescue equine. I have read and understand all rules and regulations as listed on the accompanying adoption agreement and will abide by them. This application does not guarantee I will be approved to adopt an equine from LCAR-EQUINE RESCUE. I understand that Linn County Sheriff's Office or LCAR-EQUINE RESCUE (or associates) are not liable for any property, personal damage, wounds inflicted, and illnesses to or caused by the adopted horse(s) or any other occurrence. I agree to this hold harmless 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.

I HAVE READ THE PROVISIONS OF THIS DOCUMENT CAREFULLY AND AGREE TO ABIDE BY ALL THE CONDITIONS SET FORTH ABOVE.

Signature: _____

Date: _____