



Every Horse Has an Owner. Every Owner Has a Responsibility.

**ILLINOIS EQUINE HUMANE CENTER, NFP
ADOPTION APPLICATION**

The ILEHC requires all applications be submitted with a copy of a utility bill or some other form of residence verification, along with photos showing, at a minimum: fencing, gates, pasture, a barn/shelter photo and a photo showing the property. All adopters must be at least 21 years old.

Personal Information

Name: _____

Birth Date (month/day/year): _____

I am a citizen of the United States (circle one): yes no

Mailing Address: _____

City, State & Zip: _____

County: _____

Cell Phone: () _____

Email Address: _____

Do you currently own or rent the home above? _____

How long have you lived at this address? _____

Current Employer: _____

Years with this Employer: _____

Employer's Address: _____

Personal Horse Experience

Describe your experience with handling, caring for, riding, and/or training horses. Please attach separate sheet if necessary.

Have you ever adopted a horse before? _____

If yes, from which organization and when? _____

Is there a specific horse you are interested in adopting?

Why do you want to adopt a horse from ILEHC?

What is your intended use for this horse? _____

Are you aware of the annual cost to care for a horse (feed, vet, farrier, board, etc.)? _____

Are you willing and able to cover the financial costs associated with owning a horse? _____

Are you a beginner, intermediate or advanced rider? _____

Facility/Property Information

Will the horse be kept at your place of residence? _____

If yes, please provide the number of acres available for turn out. _____

If not, include location, property owner name, facility name, address, phone and email and the names of any trainers at the facility. _____

Have you ever boarded a horse at this facility before? _____

Will the manager or owner of the facility be willing to sign an ILEHC boarding agreement that states that they will contact ILEHC if you are not properly caring for the equine or are more than two months late paying a bill? _____

What type of shelter would be provided for the horse? _____

If in a barn, what size are the stalls? _____

If in a barn, how many hours per day are the horses turned out? _____

Where is the horse turned out (i.e., grass pasture, dirt paddock, etc.)? _____

What is the size, and for how long? _____

How many other horses in the barn, paddock or pasture? _____

If the horse is staying in a pasture, describe type/size of shelter in the paddock/pasture:

Describe the type of fencing surrounding the paddock/pasture (we do not accept barb wire):

Who will be feeding the horse, how often and what will be fed? _____

Current Horse Information: Please use a separate sheet of paper if necessary.

Have you previously owned a horse? If so, when, how long, how many? _____

Do you currently own a horse? If so please state how many, how long and their current location?

Date of last negative Coggins (month/year): _____

In the past five years, have you given away or sold any horses? If yes, please explain.

In the past five years, have you had any horses die while in your care? If yes, please explain.

On a separate sheet a paper, please list all of the animals you have owned for the past five years (both living and deceased), including the animal's name, breed/kind, age, sex, whether the animal is still with you and if not, where it is now.

References

Veterinarian Reference _____

Farrier Reference _____

List Two References (include name/phone) who are familiar with your care and experience with horses:

Humane Violations Check

Have you ever been charged with or convicted of a violation of the Humane Care for Animals Act? If yes, please explain. _____

Have you ever been convicted of a felony? If yes, explain: _____

Acknowledgment

I, _____ understand I am applying to adopt an equine from Illinois Equine Humane Center, (hereinafter referred to as ILEHC). I understand that I must complete the application procedure and have the equine property or boarding facility inspected and approved before being allowed to adopt an equine from ILEHC. I understand that I may not be able to adopt the equine I am interested in for various reasons. In addition, I understand that ILEHC may perform a background check to verify my personal information as well as check for any criminal convictions. By signing this application, I agree that I have read and understand any applicable adoption policies of ILEHC.

Applicant(s) signature

Date

Please mail application to:

ILLINOIS EQUINE HUMANE CENTER, NFP
P. O. Box 337
Big Rock, IL 60511
815-761-4937 (Phone)
815-366-8208 (Fax)