

# Florence Area Humane Society

1434 McCurdy Rd./P.O. Box 4808  
Florence, SC 29502

www.florencehumanesociety.org  
Phone: (843) 669-2921

## Equine Adoption/Foster Application

### Applicant Information:

Please check:  Adoption Applicant  Foster Applicant

Name

Address

City, State, Zip Code

County

Home Phone Number

Work Phone Number

Cell Phone Number

E-mail Address

All Applicants must be over the age of 18. Are you over the age of 18? Yes  No

Have you ever been charged with or convicted of animal abuse and/or neglect?

Yes  No

If Yes, please explain:

### Equine Related Information:

Do you currently own any equines? Yes  No  If Yes, how many? \_\_\_\_\_

Please list the equine(s) below:

Name	Breed	Age	How long owned
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Please give the date you last vaccinated your equine(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Types of vaccinations your equine(s) received:

Please give the date you last dewormed your equine(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Which deworming product did you use?

Please give the date you last had your equine(s) hooves trimmed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you trim them yourself? Yes  No

If No, please give your farrier's name and phone number:

If you do not own any equine(s), have you owned any in the past and if so how long did you own it for?

Within the last 5 years have you given away or sold any equine(s), if so please explain?

Within the last 5 years have any equine(s) died while in your care, if so please explain?

**Describe your experience with horses, handling, caring for horses, foaling, riding, training, showing:**

**Will the equine adopted/fostered be housed at the address stated on the first page?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If you selected No, please provide the following information:**

Name	
Address	City, State, Zip
Contact Person	Phone Number

### **Facility Information:**

**If your adopted/fostered equine will be kept in a barn, please answer the following questions:**

Stall Size	How many hours will the equine be turned out?
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**If adopted/fostered equine will be pastured, at any time, please answer the following questions:**

Pasture Size	Number of other equines that will kept in the same pasture
Type of Grass:	
Number of Pastures:	Describe the type of fencing that is used for the pasture:
Describe the type and size of shelter in pasture.	

### **Equine Care Information:**

**Who will be feeding the adopted/fostered equine?**

**Does this person have experience with equines?**

**Please describe your feeding schedule:**

**Please describe your deworming schedule and products use:**

**Please provide your farrier's name and phone number:**

**How often do you plan on having a farrier trim and/or shoe the adopted/fostered equine?**

**Please provide your veterinarian's name and phone number:**

**How often do you plan on taking the adopted/fostered equine to visit a veterinarian?**

**Foster Care Information:** *(For Foster Homes ONLY, if you only want to adopt, skip this section!)*

**I would be able to foster:** *(please circle ALL that apply)*

**Horse**

**Pony**

**Miniature Horse**

**Donkey**

**Mule**

**I would be able to foster an equine that fits into the following criteria:** *(please check ALL that apply)*

\_\_\_\_\_ **An equine with health problems**

\_\_\_\_\_ **An equine with training issues**

\_\_\_\_\_ **An equine that is too young to ride** *(5 months to 2 years old)*

\_\_\_\_\_ **An equine that can not be ridden for any reason**

\_\_\_\_\_ **An older equine** *(25+ years old)*

\_\_\_\_\_ **An equine that is in foal**

\_\_\_\_\_ **An equine that was seized by law enforcement, while waiting a hearing** *(The owner may be awarded custody of the animal by a judge)*

\_\_\_\_\_ **An equine with serious hoof conditions** *(Founder, Laminitis, Navicular, etc.)*

\_\_\_\_\_ **A stallion or a newly gelded equine**

**How many fostered equines could you house on a regular basis?**

**Are you willing to foster in an emergency situation?**

**If yes, how many ?**

**Adoption Information:** *(For Adoption ONLY, if you only want to foster, skip this section!)*

**Please list the names of the equine(s) that you are interested in adopting, in order of preference:**

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**What are you planning on using your adopted equine for?**

**How much time, per week, will you spend working with the adopted equine?**

**If the adopted equine is able to be ridden, how often do you plan to ride the equine each week, and for how long do you plan on riding?**

**Please list each person's name, their age, height, weight and riding level (1=no experience to 10=very experienced) of every person that will be riding the adopted equine:**

**Reference Information:**

**Veterinary Reference Name**

**Phone Number**

**Please check which applies:**

**Address**

\_\_\_\_\_ **This is my current vet.**

**City, State, Zip Code**

**Number of Years used** \_\_\_\_\_

\_\_\_\_\_ **This is the vet I plan on using.**

**Personal Reference #1 Name**

**Phone Number**

**Address**

**City, State, Zip Code**

**Personal Reference #2 Name**

**Phone Number**

**Address**

**City, State, Zip Code**

I understand that by filling out and signing this application, I am applying to adopt and/or foster an equine from the Florence Area Humane Society. I understand that my application must be approved before I will be allowed to adopt/foster an equine from the Florence Area Humane Society. I understand that there will be periodic visits by FAHS to check on the equine. FAHS reserves the right to remove an equine at any time.

I also understand that my application may be denied for any reason and I may not be able to adopt and/or foster an equine from the Florence Area Humane Society.

I also agree and understand that the information provided in this application may be used to request background checks, including criminal records to verify personal information.

By signing this application, I am stating that all information provided is true and I understand that there may be consequences to providing faulty information.

**Applicant's Name (Printed)**

**Date**

**Applicant's Signature (Application is VOID without signature)**