



SOUTH FLORIDA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS  
P.O. Box 924088, Homestead, FL 33092 • Phone/Fax: (305) 825-8826 • www.helpthehorses.org

## Adoption Application

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Considerations

**Before you begin completing this form, please note that any incomplete application, including failure to submit requested photos, will not be considered.**

Before you submit your application, have you thoroughly thought about the expense of owning a horse? Below are some cost examples associated with horse ownership. We have found that a typical 1,000 lb. equine costs about \$4,000 **minimum** per year to own.

- \$250 - \$300 monthly: Grain and hay with additional costs for full or part boarding
- \$70 - \$100: Hooves shod every 6 weeks
- \$4 - \$12: Wormer every 6 weeks
- \$300+: Annual vet visits, vaccinations, Coggins test
- \$125+: Annual teeth floating
- At least 1 - 2 hours each day to feed, clean stalls/pasture, and grooming if you are part boarding or keeping the horse on your own property
- Miscellaneous expenses such as tack, grooming items, and fly spray
- Funds for any emergency such as colic hospitalization or tendon / ligament injuries ranging from \$1,000 - \$3,000+

If the horse becomes ill and requires medical attention, this can range from a simple vet call and exam for \$100 or could be in the thousands such as colic surgery.

Our goal is to adopt each horse into a forever home where its emotional, social, and medical needs will be met and where it will be happy, safe, and loved for the rest of its life.

What will you do with your adopted horse should the horse become unsound or unfit for riding?

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If you do not intend on keeping the horse for its lifetime, even if it becomes unsound for riding, please do not fill out this application. Our goal is to find good, forever homes for the horse.

## Application Information

I understand that this is only an application and implies no guarantee of approval to adopt. South Florida S.P.C.A. (SFSPCA) reserves the right to deny any application.

I understand that an adopting party enters into a contractual agreement with SFSPCA to provide a home for the equine for as long as SFSPCA feels that the adoption is in the best interest of the equine. I further understand that adopted equines may not be sold, traded, given away, placed in another person's care, or removed from Florida without SFSPCA's expressed written consent.

I understand that if I am no longer able to care for the adopted equine, the equine must be returned to SFSPCA at no cost or recourse to SFSPCA.

Please be advised that a tax-deductible donation will be requested for each adopted equine based on several factors including type of animal, condition, age, care requirements, rideable/unrideable, level trained, etc.

*An SFSPCA Director can advise as to the donation being requested for each available equine. The donation range for most adopted equines is \$500.00 to \$700.00; exceptions can be lower or higher.*

In specific cases, other charges and/or conditions may apply to the adoption agreement.

The signed adoption agreement and donation must be received in order for this agreement to be finalized and the ownership of the equine transferred to the adopting party.

### **Please indicate your preference for an adopted equine:**

\_\_\_ Pony \_\_\_\_\_  
\_\_\_ Mare (1st Choice) \_\_\_\_\_ (2nd Choice) \_\_\_\_\_  
\_\_\_ Gelding (1st Choice) \_\_\_\_\_ (2nd Choice) \_\_\_\_\_  
\_\_\_ Ridable \_\_\_\_\_ Untrained Horse \_\_\_\_\_  
\_\_\_ Unrideable/Companion Horse \_\_\_\_\_ Any Horse \_\_\_\_\_  
Age Preference: (1-3, 4-10, 10-20, over 20) \_\_\_\_\_

### **1. About the Adopter and Household:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Part or Full Time: \_\_\_\_\_ Number of Years: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_ Married \_\_\_\_ Single

Annual Household Income: \_\_\_\_ Less than \$20K; \_\_\_\_ \$20K - \$30K; \_\_\_\_ \$30K - \$40K;  
\_\_\_\_ \$40K-\$50K; \_\_\_\_ \$50 - \$60K; \_\_\_\_ Over

If you are not working, what is the source of your income? \_\_\_\_\_

How many dependents do you have? \_\_\_\_\_ List their ages: \_\_\_\_\_

Has anyone in your household been charged or convicted of a crime against animals or humans?  
\_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Horse Ownership History:**

a. Do you currently own a horse or other equine? \_\_\_\_ Yes \_\_\_\_ No

If yes, how many, breed(s), and for how long? \_\_\_\_\_

b. If no, have you ever owned a horse? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain how long ago and under what circumstances? \_\_\_\_\_

\_\_\_\_\_

c. What other animals do you own? \_\_\_\_\_

**3. Equine Living Arrangements:**

a. Will the equine live on your own property? \_\_\_\_ Yes \_\_\_\_ No

If not, please provide the name, address, and phone number of facility where you will board the horse:  
\_\_\_\_\_

If yes, do you own or lease your property? \_\_\_\_ Own \_\_\_\_ Lease

b. Describe the type of run-in, corral, or stall that will be provided (include size) and acreage of property including turn out areas:  
\_\_\_\_\_  
\_\_\_\_\_

c. What type of fencing do you or the facility have? \_\_\_\_\_

**4. Adopter's/Rider's Riding Experience and Goals for the Horse:**

- a. Who will be riding the horse? \_\_\_\_\_
- b. What is the height and weight of the riders(s)? \_\_\_\_\_
- c. How would you describe the rider(s)' riding abilities:    \_\_\_ Experienced Rider  
                                  \_\_\_ Somewhat Experienced    \_\_\_ Limited in Experience    \_\_\_ Inexperienced Rider
- d. How long has/have the rider(s) been riding horses? \_\_\_\_\_
- e. Planned use of horse: \_\_\_ Dressage       \_\_\_ Jumping       \_\_\_ Western       \_\_\_ Trails/Pleasure  
                          \_\_\_ Pasture Pal   \_\_\_ Handicap Program   \_\_\_ Lesson Program   \_\_\_ Youth Program
- f. How many times per week will the horse be ridden? \_\_\_\_\_
- g. Please check all that apply:  
  
    \_\_\_ The rider is experienced and intends to ride and train themselves  
  
    \_\_\_ The rider will hire their own trainer or instructor  
  
    \_\_\_ The rider would like to hire a trainer or instructor but does not know any
- h. If the rider uses a trainer or instructor, or plans to use one, please provide their name and contact information:  
  
\_\_\_\_\_

**5. Responsibility of Care:**

- a. Who will be responsible for the daily care of the adopted horse? \_\_\_\_\_
- b. If you have never owned a horse before, or have not owned one in some time, will you be enlisting the help of an equine professional to work with you with care? \_\_\_ Yes \_\_\_ No
- c. What type of hay will the horse be fed? How much and how often each day? \_\_\_\_\_  
  
\_\_\_\_\_
- d. What brand of grain will you provide? How much and how often each day? \_\_\_\_\_  
  
\_\_\_\_\_
- e. Do you or the facility where you will be boarding provide clean water for your horse 24 hours a day?   \_\_\_ Yes       \_\_\_ No  
  
What is the water source? \_\_\_\_\_
- f. How many hours will the horse be turned out each day? \_\_\_\_\_

- g. Under what conditions do you stall a horse and for how long? \_\_\_\_\_  
\_\_\_\_\_
- h. Do/will you provide a salt block for your horse 24 hours a day? \_\_\_ Yes            \_\_\_ No
- i. What is your de-worming plan (how often and type of wormers)? \_\_\_\_\_  
\_\_\_\_\_
- j. How often will/do you have your farrier trim or shoe? \_\_\_\_\_
- k. How often will/do you have your equine's teeth examined? \_\_\_\_\_

**6. Knowledge of Basic Horse Care:**

- a. For what reasons would you call your vet? \_\_\_\_\_  
\_\_\_\_\_
- b. List the signs of colic: \_\_\_\_\_  
\_\_\_\_\_
 

What would you do if you notice these signs? \_\_\_\_\_
- c. What are some of the causes of sudden lameness? \_\_\_\_\_  
\_\_\_\_\_
 

What would you do if you notice these signs? \_\_\_\_\_  
\_\_\_\_\_
- d. What is founder (laminitis) and what would be the first clue it is occurring? \_\_\_\_\_  
\_\_\_\_\_
 

What would you do if you notice these signs? \_\_\_\_\_  
\_\_\_\_\_
- e. How long should you wait after feeding to ride? \_\_\_\_\_  
 How long should you wait after riding to feed? \_\_\_\_\_

**7. If you do not have a horse at the present time, please research and give two names each, and phone numbers, of equine veterinarians and blacksmiths in your area:**

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Blacksmith: \_\_\_\_\_ Phone: \_\_\_\_\_

Blacksmith: \_\_\_\_\_ Phone: \_\_\_\_\_

**If you do have horses, please list the veterinarian and blacksmith you currently use. Please inform them that SFSPCA will contact them to discuss your ability to care for an adopted equine.**

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Blacksmith: \_\_\_\_\_ Phone: \_\_\_\_\_

**8. List three references:**

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**9. Please enclose photographs of (1) Any horse or dog you own (2) The facilities where you plan to keep the adopted horse, including shelter and turn-out available to the equine. If you are faxing your application, please mail your photos to our P.O. Box or email digital/scanned photos via email to [laurie@helpthehorses.org](mailto:laurie@helpthehorses.org) .**

**10. How did you hear about SFSPCA?**       SFSPCA Website       SFSPCA Facebook Page  
 Internet Search     Word of Mouth     Other (Explain) \_\_\_\_\_

**11. Please describe, in detail, your purpose for wanting to adopt a rescued horse:**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



South Florida SPCA Society For The Prevention Of Cruelty To Animals, Inc.  
24650 SW 167<sup>th</sup> Avenue, Homestead, FL 33031 • Phone/Fax: 305-825-8826 • www.helpthehorses.org

**ADOPTION AGREEMENT**

Recipient's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Driver's License # \_\_\_\_\_

Equine # \_\_\_\_\_ Known As \_\_\_\_\_

Description of Equine \_\_\_\_\_

**TERMS AND CONDITIONS OF PLACEMENT OF EQUINE**

THIS AGREEMENT, between the recipient/new owner of the Equine (hereinafter "RECIPIENT"), and South Florida Society for the Prevention of Cruelty to Animals, Inc., (hereinafter "South Florida SPCA"), is governed by the Terms and Conditions of placement of Equine as stated below:

**RECIPIENT/OWNER AGREES:**

1. To provide adequate shelter, food and water for the Equine.
2. To ensure the Equine receives prompt and adequate medical treatment by a licensed veterinarian as needed.
3. To ensure the Equine is always treated with kindness, affection and respect, and to abide by the anti-cruelty laws of the jurisdiction in which the Equine resides.
4. To permit the South Florida SPCA and/or any humane organization monitoring the welfare of the Equine to make periodic inspections of the facilities and conditions in which the Equine is maintained, with or without notice.
5. Not to remove the Equine from the state of Florida without obtaining prior written consent of the South Florida SPCA.
6. To notify the South Florida SPCA of any change in residency of RECIPIENT within thirty (30) days of such change of address.
7. Never to transfer possession and/or custody of the Equine to any person or entity for any reason whatsoever without the prior written consent of the South Florida SPCA.
8. Hereby assumes full and legal responsibility for the Equine while the Equine is in the RECIPIENT's care, and any damage the Equine may cause. RECIPIENT further assumes full financial responsibility for the proper care and maintenance of the Equine.
9. In the event it is determined by the South Florida SPCA that the Equine is not being cared for in accordance with the terms hereof, the RECIPIENT irrevocably grants the South Florida SPCA the right to repossess the Equine, including the right to enter the RECIPIENT's premises, in order to affect said repossession.
10. Not to breed the Equine, or cause to be bred, for any reason whatsoever. Failure to comply will result in the South Florida SPCA repossessing the Equine.
11. Not to race the Equine or cause the Equine to be raced under any circumstances, whatsoever. Failure to comply will result in the South Florida SPCA repossessing the Equine.
12. Unborn foals are subject to all the same terms and conditions as above.

I, \_\_\_\_\_, the RECIPIENT, certify I have not been charged or accused of abuse or inhumane treatment of animals, that I have adequate facilities and the ability to care for the Equine, that I am of legal age in my state of residence, and the above statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent for South Florida SPCA (Print Name)

\_\_\_\_\_  
RECIPIENT Signature

\_\_\_\_\_  
Agent for South Florida SPCA (Signature)

\_\_\_\_\_  
Location of Equine

\_\_\_\_\_  
Witness (Print Name)

\_\_\_\_\_  
Witness (Signature)