

# Sunshine Horses, Inc

## Adoption Application

Name: _____	Date: _____
Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Cell: _____
Email: _____	Work: _____
Age: _____	Date of Birth: _____ Body Type: _____

Please describe your horse experience:

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Do you ride? YES NO                      If yes, for how long? \_\_\_\_\_

Riding discipline? \_\_\_\_\_ Have you taken lessons? YES NO

Can you train? \_\_\_\_\_ Have you owned horses before? YES NO

Riding interests/Use of horse:

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Please describe the type of horse you would like to adopt:

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7105 Kingdom Road  
Memphis, NY 13112

(315) 729-7016  
[www.nysunshinehorses.org](http://www.nysunshinehorses.org)

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Will the horse be boarded on your property? YES NO If boarded elsewhere, please provide

the owner's name, address, and phone number:

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*(If boarded elsewhere, a copy of the lease and a separate boarding release form will need to be signed by yourself and the representative of the boarding facility)*

Describe the shelter the horse will have:

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What type of fencing is used for the turnout area and how large of an area will the horse have access to?

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How long and how often will the horse be turned out?

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Who will be responsible for the horse's daily care?

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How often do you worm and with what products?

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What vaccines do you routinely give yearly?

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What is a horse's normal temperature and describe symptoms requiring immediate veterinary attention?

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What type of feed will you use and approximately how much?

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

Address and Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many years have you used their services? \_\_\_\_\_

*(Veterinarians may be called as a reference)*

Farrier Name and Phone Number: \_\_\_\_\_  
\_\_\_\_\_



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Please list two personal references that can speak of your character and your horse experience:

References	Name	Phone Number	Relationship
1			
2			
3			

I understand that I will be responsible for providing the proper care and long-term maintenance for this horse. This includes, but is not limited to, providing appropriate year-round shelter, free access to water, proper feed, inoculations, health care, dental care, deworming, and farrier needs. I will also be responsible for providing veterinary care as needed in the event of illness or accident. I understand that Sunshine Horses reserves the right to make unannounced visits to evaluate the condition of the adopted animal at any time.

★ **Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Your donation at the time of placement is non-refundable.*

Applicant reviewer's name and comments:

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