

Preliminary Adoption Application

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Name *

FIRST

LAST

Address *

STREET ADDRESS

ADDRESS LINE 2

CITY

STATE / PROVINCE / REGION

ZIP / POSTAL CODE

Your Primary Phone *

Your Email Address *

Please list the horse(s) you are interested in adopting. *

What types of animals will be housed on the property with the horse(s) you wish to adopt? *

Where will the animal(s) be housed? *

What is your method of bringing water to the barn? *

What type of stall(s) do you have? *

How much pasture land will the animal(s) have? *

What type of fencing is used? *

What is the intended use of said horse(s)? *

Please describe your knowledge of and experience with caring for a horse. *

References

Please provide two references. (Veterinarian and farrier, etc.)

Veterinarian Information

Please provide the following information regarding your current veterinarian.

Veterinarian Name *

FIRST

LAST

Veterinarian Phone *

Farrier Information

Please provide the following information regarding your current farrier.

Farrier Name *

FIRST

LAST

Farrier Phone *

Upload photos of your barn, stable, feed room, etc.

File

No file chosen

****** PLEASE BE SURE EACH FIELD IS FILLED OUT. IF YOU DO NOT RECEIVE A CONFIRMATION E-MAIL, WE HAVE NOT RECEIVED YOUR APPLICATION. PLEASE CALL 207-892-3040. ******

SUBMIT

MAINE STATE SOCIETY FOR THE PROTECTION OF ANIMALS

P.O. Box 10
279 River Road
South Windham, ME 04082

(207) 892-3040 – office
info@msspa.org

STATEMENT OF ADOPTION

TYPE OF ANIMAL

HORSE _____ PONY _____ MINI _____ OTHER _____

Description

Adopter’s Name (please print) _____

Street Address: _____ Mailing Address: _____

City _____ State _____ Phone(s) _____

I hereby acknowledge receipt from you of the animal described above. I appreciate that you make no warranty in regard to it, whether as to ownership, condition, temperament, or otherwise. I understand that there is always some risk of injury from any animal, and I assume that risk. In consideration of this agreement to adopt an animal, I hereby release MSSPA, and its agents and employees, from any claim for negligence, gross or otherwise, direct or indirect, which relates to the animal. If at any time I desire to relinquish ownership and possession, or the MSSPA demands its return for any reason, I agree to return the animal to the MSSPA, making no charges of any character for licensing, care, food, or other service or thing. I authorize the MSSPA to take back the animal whether by entering on to my property or otherwise, if I do not promptly return the animal to the MSSPA after the MSSPA demands its return, or if the MSSPA finds it necessary to take the animal back without prior demand for any reason. I shall personally be responsible for the humane care and control of the animal and your agent shall be allowed to see it at any time.

I agree not to breed _____. If the mare becomes pregnant for whatever reason and under whatever circumstances, I hereby authorize the MAINE STATE SOCIETY FOR THE PROTECTION OF ANIMALS to repossess the mare and foal(s) by making demand for their return and in the absence of my returning the mare and foal(s), I authorize the MAINE STATE SOCIETY FOR THE PROTECTION OF ANIMALS to enter upon my property and take both mare and foal(s) or either of them.

Signature _____ Date _____

ANIMAL MAY NOT BE SOLD OR GIVEN AWAY OR DISPOSED OF WITHOUT PRIOR WRITTEN PERMISSION OF MSSPA MANAGEMENT.

Last Vaccines _____

Last Hoof Trim _____

Last deworming _____

REQUIRED LEVEL OF CARE

- Proper feed schedule to maintain a healthy body weight.
- Fresh potable water should be available at all times.
- Hoof care every 6 – 8 weeks
- Spring Vaccines – Eastern/Western Encephalitis, Tetanus, Rabies, and any others recommended by your veterinarian.
- Annual Dental Care (floating of teeth)
- Fall Vaccines – Influenza, Rhino, and any others recommended by your vet.
- Rotated deworming as recommended by veterinarian.

I have read and understand the conditions of the Adoption Contract and agree to uphold the highest level of care for my adopted animal(s).

Signature of Adopter _____ Date _____

Signature of MSSPA Representative _____ Date _____

Any sum I have given to the MSSPA is a donation towards its work in caring for animals.

DONATION \$ _____

Received by _____ Date _____