

Ruby Ranch Horse Rescue  
(501c3 Non-Profit Organization)  
10385 Raygor Road  
Colorado Springs, CO 80908  
719-541-3642

ADOPTION APPLICATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide us with the following information: Detail is appreciated.

What is the intended use of this horse? \_\_\_\_\_

\_\_\_\_\_

Will this horse be stabled at your property or boarded out? \_\_\_\_\_

Name/address if boarded out: \_\_\_\_\_

\_\_\_\_\_

Describe facility where horse will be kept (type of fencing, size of shelter, paddock and pasture size, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of acres and hours per day for grazing: \_\_\_\_\_

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Horses currently/previously owned and number of years owned: \_\_\_\_\_

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Horses sold or disposed of in past 5 years and why: \_\_\_\_\_

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How often do you deworm a horse? \_\_\_\_\_

How often does the farrier trim or shoe? \_\_\_\_\_

How often does the vet float the teeth? \_\_\_\_\_

Can you check basic vital signs of a horse? \_\_\_\_\_

Describe your expertise/experience in the following: (Continue on reverse if needed)

1. Riding \_\_\_\_\_

2. Handling \_\_\_\_\_

3. Training \_\_\_\_\_

4. Work with young horses \_\_\_\_\_

5. Work with neglected/abused horses \_\_\_\_\_

Names and ages of all persons handling this horse: \_\_\_\_\_

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

Farrier Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Trainer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Provide two references (not related) familiar with your experience with horses. Include Name, address, and phone:

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I, \_\_\_\_\_, certify that I have no prior violations or convictions of inhumane/cruelty/neglect to animals.

When considering the adoption of a horse it is important to be aware of the costs that accompany such an undertaking. You will be responsible for providing the proper care and ongoing maintenance of the horse. This includes providing shelter for the horse from weather, free access to water, proper feed, supplements, vaccinations, hoof care, dental care and de-worming. You will be responsible for arranging veterinary care in the event of illness or accident.

I have read and understand this clause. \_\_\_\_\_ (please initial)

RRHR will take measures to ensure the health of the horse provided. RRHR is not responsible for any infirmities present in, or incurred by this horse. The Adopter agrees to not hold RRHR liable for any costs incurred as a result of any health-related or other problems with said horse.

\_\_\_\_\_  
Signature of Adopter Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Adopter Date: \_\_\_\_\_

\_\_\_\_\_  
RRHR Representative Date: \_\_\_\_\_

