



# Wild Sage Horse Rescue, Inc, Adoption Application

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

**Please return this completed application by email or bring to WSHR. If you have questions please Email:  
[Wildsagehorsescue@gmail.com](mailto:Wildsagehorsescue@gmail.com) or call/text 661-341-7610**

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

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

Phone# \_\_\_\_\_ Alt. Phone# \_\_\_\_\_

Driver's License # \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone # \_\_\_\_\_

Annual income? \$ \_\_\_\_\_

Application for equine: \_\_\_\_\_ Intake #: \_\_\_\_\_

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**If you are looking to adopt a specific equine what are your requirements:**

Is there a specific breed: \_\_\_\_\_ height: \_\_\_\_\_ age: \_\_\_\_\_ color: \_\_\_\_\_

What level of training would you prefer the equine to have?:

Companion  Baby  Untrained  Started  Green  Broke  Finished

What riding discipline is your primary focus?:

Western  English  Jumping  Endurance  Trail  Barrel racing  Other: \_\_\_\_\_

**Riders Information:**

How often will the equine be ridden? \_\_\_\_\_

What is your overall goal for your adopted equine? \_\_\_\_\_

Rider's: Weight: \_\_\_\_\_ Height: \_\_\_\_\_

How long has the primary rider been riding? \_\_\_\_\_

If any other riders? Name, age, weight & height: \_\_\_\_\_

Name, age, weight & height: \_\_\_\_\_

Name, age, weight & height: \_\_\_\_\_

**Please select the most appropriate skill level of the primary rider:**

Beginner – very little, if any, experience riding/handling equine:

Explain: \_\_\_\_\_

Beginner intermediate – able to apply basic aids, comfortable at walk & trot:

Explain: \_\_\_\_\_

Intermediate – confident riding walk, trot, and canter on a quiet, reliable mount:

Explain: \_\_\_\_\_

Advanced Intermediate – can W/T/C, jump a course, can handle the equine, riding or on the ground:

Explain: \_\_\_\_\_

Advanced – confident, independent seat, soft hands, can handle a spirited equine:

Explain: \_\_\_\_\_

Trainer level – highly skilled, can start & finish equine, can handle young/difficult equine:

Explain: \_\_\_\_\_

If currently riding, how often? \_\_\_\_\_

Daily  4-6 times weekly  2-3 times weekly  About once a week  Weekends only

1-2 times monthly  Seldom. Last time you have ridden: \_\_\_\_\_

Does the primary rider work with a trainer or riding instructor? If yes, please tell us who:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**If there are any other riders, at what level are the secondary riders?**

Beginner – very little, if any, experience riding or handling equine:

Beginner Intermediate - able to apply basic aids, comfortable at posting trot:

Intermediate – confident riding walk, trot, and canter on a quiet, reliable mount:

Advanced Intermediate – can W/T/C, jump a course, can handle the equine, riding or on the ground:

Advanced – confident, independent seat, soft hands, can handle a spirited equine:

Trainer level – highly skilled, can start & finish a equine, can handle young and difficult equine:

Do the secondary riders work with a trainer or riding instructor? If yes, please tell us who:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Facility and care Information:**

Where will this equine be living?  Boarding facility  Private residence  Adopter’s home

Name and Address where equine will be living \_\_\_\_\_  
\_\_\_\_\_

What is the approximate size of the turn-out area? \_\_\_\_\_

What type of fencing will be used? \_\_\_\_\_

What will be used for shelter?  Stall  run-in shed  other shelter \_\_\_\_\_

How much do you anticipate spending yearly on the following items:

Grain/hay/supplements \_\_\_\_\_ Veterinary care \_\_\_\_\_

Dental, Farrier, Worming \_\_\_\_\_

Who will be responsible for these costs \_\_\_\_\_

Who will be handling this equine on a daily basis for feeding, watering, turning out.  
\_\_\_\_\_

Who will care for the equine when you are unavailable to do so ( vacation, illness, etc. )  
\_\_\_\_\_

Please list the equines you currently own or have owned within the past 5 yrs. ( breed, age, sex )?  
\_\_\_\_\_

If no longer owned, what happened to the equine? \_\_\_\_\_  
\_\_\_\_\_

**Which veterinarian will you use for equine's care?**

Vet's name: \_\_\_\_\_

Facility's address: \_\_\_\_\_

Phone number ( ) \_\_\_\_\_

Name and number of farrier you will be using?

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Have you ever adopted from WSHR before? [ ] Yes [ ] No

If yes, name of equine you adopted: \_\_\_\_\_

**Please be sure that you have filled out each question thoroughly and honestly. This information will be used to help provide you with the best possible equine match.**

By signing, I affirm that I am 18 years of age or over, and the information contained on this form is true to the best of my knowledge. I understand that if I am approved for adoption, I understand that this is a lifetime commitment and I will be required to make a commitment of time and money for up to 30 years and older for my new equine.

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

**Steps for Equine Adoption:**

Return completed equine adoption application form by email or bring to Wild Sage Horse Rescue.

If a suitable equine becomes available, all qualified parties will be notified.

Make a appointment to see the rescue that you like ridden by one of the trainers, at this time you may ride in the round pen and if trainer feels you are safe, they then will let you ride in the arena and possibly go on a trail ride. And if at this time you decide that you would like to adopt this equine then we will require a \$100 non-refundable deposit which will go towards the adoption fee.

You will be required to fill out the Adoption Contract.

We then will schedule a home visit to be completed by one of our staff members to wherever the equine will be kept.

If potential adopter and the staff at WSHR are comfortable, the adoption will be approved.

Adopter pays the adoption fee for the equine adoption and adopter receives the adopted equine and may take the equine by own transport or adopter may pay the rescue to transport the equine to their facility.

\*Pre-purchase exams (PPE) by your veterinarian are encouraged, at adopters expense.

\*\*All equines have negative Coggins if they have been brought in from another state in the last 30 days, they are fully vaccinated and dewormed with regular farrier appointments every 6 – 8 weeks. The new owner will receive copies of the equine's records (veterinary, vaccination, farrier, dewormings).

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

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

1100 Kentucky Springs Rd, Acton, Ca. 93510  
661-341-7610

[wildsagehorserescue@gmail.com](mailto:wildsagehorserescue@gmail.com) [www.wildsagehorserescue.org](http://www.wildsagehorserescue.org)

## Release for Veterinary Information

In order for your veterinarian to release information regarding the care of the equine in your possession, we request that you fill out this form. It is not filled out by your veterinarian. Please be sure to sign it and return it to WSHR, Inc. along with your adoption application. This information will only be used for the equine or equines you have adopted on this adoption application.

I \_\_\_\_\_ give my veterinarian, Dr. \_\_\_\_\_ permission to release information concerning the veterinary care of my equine/equines to Wild Sage Horse Rescue, Inc. I understand this information is only for the purpose of medical information of the equine/ equines I have adopted from WSHR, Inc.

Facility name: \_\_\_\_\_

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

Phone # \_\_\_\_\_

Name and intake # of adopted equine: \_\_\_\_\_

Name and intake # of adopted equine: \_\_\_\_\_

**Addendum:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Print Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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