



ANGEL HORSE RESCUE, INC.

P.O. Box 1058 Inola, OK 74036 (918) 607-5983

ADOPTION APPLICATION

ADOPTER INFORMATION:

Name: _____

Aliases: _____

Mailing Address: _____

City, State, Zip _____

Home phone: _____ Alternate/Business phone: _____ Cell Phone: _____

Email address: _____

EQUINE INFORMATION: (Please list name, etc of the horse(s) you are interested in adopting)

EQUINE VETERINARIAN REFERENCE:

Name: _____

Address: _____

Phone Number: (_____) _____

FARRIER REFERENCE:

Name: _____

Address: _____

Phone Number: (_____) _____

By signing below, the applicant hereby authorizes an officer or representative of Angel Horse Rescue, Inc. to contact the references contained herein and also agrees to permit an officer or representative of Angel Horse Rescue, Inc. to conduct a property inspection of the premises where the adopted equine will be kept. Further, the undersigned certifies that the information contained in the foregoing application is true and correct to the best of his/her knowledge.

Signature of Adopter/s

Date

Printed Name of Adopter/s

PLEASE DO NOT WRITE BELOW:

References contacted by: _____
(attach Reference Contact Results Report)

Property Inspection Conducted: ___/___/___ at _____ a.m. / p.m.

By: _____
(attach completed Property Inspection Report)

___ **APPROVED** date: ___/___/___

___ **APPROVED WITH CONDITIONS:** (See Inspection report comments) ___/___/___
FOLLOW UP COMPLIANCE INSPECTION ___/___/___

___ **DENIED** ___/___/___

___/___/___ - Applicant notified of approval / denial with explanation letter sent

Signature of Angel Horse Rescue, Inc. Officer or Director

Date

Printed Name of Angel Horse Rescue, Inc. Officer or Director