



**Application for Adoption:**

Thank you for considering adoption from Wild Heart Restart Ranch. We'd like to get to know you better and there are some requirements in order to be considered for an adoption of one of our horses:

- Be 21 years of age or have a cosigner who is.
- Have a valid ID with current legal residence address.
- If you rent, have landlord's name and telephone number if you plan to keep horse at your residence.
- Have no felonies or misdemeanors for animal or human abuse, neglect or cruelty and no one living with you or within your family, friends or associates.

Please understand that WHRR must approve your application and that this application is not a guarantee that you will be approved to adopt one of our horses. We attempt to place horses in the best possible situation for the benefit of everyone involved. Your stewardship for the lifetime of this horse must be compatible with the welfare and needs of the horse.

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

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

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

Home or Mobile Phone: \_\_\_\_\_

Age: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ CDL# \_\_\_\_\_

*Please use additional paper if needed to expand your responses.*

What kind of horse are you looking for and why?

---

---

---

Have you owned a horse before? If yes, where is that horse now? \_\_\_\_\_

---

---

What background have you had in caring for a horse? \_\_\_\_\_

---

---

What do you want this horse for? (companion, casual riding, competition, other)

---

---

How much time per week do you plan on spending with this horse? \_\_\_\_\_

---

---

If this horse is rideable, how often do you plan on riding each week? \_\_\_\_\_

---

---

Who will be the primary rider and please list anyone else you plan to have riding the horse. \_\_\_\_\_

---

---

Who will be the primary caregiver of the horse? (feed, water, muck, exercise) \_\_\_\_\_  
\_\_\_\_\_

Please tell us who you plan to use for farrier services and write down their contact information so that we may get a reference.

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

Phone number: \_\_\_\_\_

Please tell us who you plan to use for veterinary services and write down their contact information so that we may get a reference.

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

Phone number: \_\_\_\_\_

Where will the horse be living?

If you plan to board the horse, please write down the name and their contact information so that we may get a reference.

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

Phone number: \_\_\_\_\_

If you plan to keep the horse at home, please tell us a little bit about your set up. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you rent your home or where you plan to keep the horse, please include landlord's name and contact information.

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

Phone number: \_\_\_\_\_

Where will the horse be kept?

Daytime: (indoors, outdoors, barn, other)

\_\_\_\_\_

Nighttime: (indoors, outdoors, barn, other)

\_\_\_\_\_

\*If the horse is kept in a stall, WHRR requires turnout for a minimum of 3 hours per day. It is our preference that any horse kept in a stall should have an attached outdoor run along with the 3 hours of turnout. It is also not to WHRR standards to have horses standing in mud or unmucked areas for any period of time.

If you plan to keep the horse at pasture, what size is it and how many other horses will it live with in the pasture? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are not available on a daily basis to check the horse, please give us the name and phone number of who's care they will be in.

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

Phone number: \_\_\_\_\_

Do you or the place you plan to keep the horse have a fire evacuation plan in place? \_\_\_\_\_

---

---

Would you be willing to allow a representative from WHRR to visit your home and/or the place you plan to keep your horse before the adoption is completed? \_\_\_\_\_

---

---

What type(s) of pets do you own now or have owned in the last 10 years?

---

---

---

What is your primary source of income?

---

If employed, who is your employer and for how long have you worked there?

---

---

Do you own a registered, reliable trailer in good condition for trailering your horse? If not, who will you use as transport, please give name and phone number of that person. \_\_\_\_\_

---

---

Do you have experience in Natural Horsemanship? \_\_\_\_\_

---

---

If your horse needs further training, how do you plan on accomplishing this?  
If you plan to use a trainer, please give their name and phone number.

---

---

---

Please give us at least one reference who we may call on your behalf. Could be vet, farrier, trainer, stable owner, etc...

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

Phone number: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

**Please read carefully before signing.**

By signing below, I certify that the information I have given is true and complete and that I recognize that any misrepresentation or omission of facts may result in my losing the privilege of adopting or keeping a horse even after the adoption. I authorize investigation of all statements on this application. I understand that this application is property of WHRR.

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

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

Completed applications can be mailed to:

Wild Heart Restart Ranch

1112 Stony Glen Lane

Cotati, CA 94931

Or emailed to: [WildHeartRR@gmail.com](mailto:WildHeartRR@gmail.com)

*Notice: This document is for the sole use of Wild Heart Restart Ranch and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please inform Wild Heart Restart Ranch and destroy all copies of this document.*

---