

**HEART of Tucson  
Adoption Application**

NAME OF APPLICANT:

DRIVERS LICENSE #:

(Must be at least 18 years old)

ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

*If Rural Route, include actual street name and address*

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

HOME PHONE #: (\_\_\_\_) \_\_\_\_\_

CELL PHONE #: (\_\_\_\_) \_\_\_\_\_

WORK PHONE #: (\_\_\_\_) \_\_\_\_\_

OCCUPATION \_\_\_\_\_

How long have you worked at your current job?

Name and telephone number of current supervisor \_\_\_\_\_

FAX #: (\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_ @ \_\_\_\_\_

**Horse Preferences**

What type of horse are you specifically interested in?

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Height: \_\_\_\_\_

Range of training: \_\_\_\_\_

Other Specifications:

\_\_\_\_\_

**Applicant Information**

Height & weight of person who will be riding: Height \_\_\_\_\_ Weight \_\_\_\_\_

Briefly describe your riding experience:

\_\_\_\_\_

\_\_\_\_\_

How will you use your  
horse? \_\_\_\_\_

\_\_\_\_\_

Other (please explain)

\_\_\_\_\_

On an average how many days per week will this horse be ridden? \_\_\_\_\_

Have you ever owned a horse before? \_\_\_ Yes \_\_\_ No

If no, have you even been responsible for another's horse, and if so for how long and under what circumstances?

\_\_\_\_\_

\_\_\_\_\_

If yes, do you still have the horse(s)? \_\_\_ Yes \_\_\_ No

List horses you now have, their names, ages, and uses:

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If no, why not?

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Please list any other animals you have and their names:

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**Stabling Information**

This horse will be stabled at:  Boarding Facility  My Residence  Other

Name of

facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

Name of Farrier \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

Is there a shade structure?  yes  no

Describe: \_\_\_\_\_

Type of shelter: Barn size \_\_\_\_\_ Box Stall Size \_\_\_\_\_ Run In

Shed \_\_\_\_\_

Type of flooring in shelter \_\_\_\_\_

What type of fencing encloses the turnout area? \_\_\_\_\_

Please indicate the size of the turnout area \_\_\_\_\_

How long will your horse be turned out each day? \_\_\_\_\_

What type of hay is used & in what amounts per day? \_\_\_\_\_

What is the grain stored in & where is it stored? \_\_\_\_\_

What arrangements have been made to provide clean water for the horse 24 hours per day? \_\_\_\_\_

How often will/do you de-worm your horse? \_\_\_\_\_

What products do you use? \_\_\_\_\_

How often will/do you have your horses teeth floated? \_\_\_\_\_

Farrier Trim? \_\_\_\_\_

How often will/do you have your horse inoculated? \_\_\_\_\_

\_\_\_\_\_  
Who will be responsible for training your horse?

\_\_\_\_\_  
How much do you anticipate spending yearly for feed? \_\_\_\_\_

Medical Care? \_\_\_\_\_ Farrier? \_\_\_\_\_

Please attach a separate piece of paper describing your ideal horse.

Please attach a separate piece of paper telling us why you want to adopt a horse.

Photos set forth below are REQUIRED Prior to Profiling

WE CAN ONLY ACCEPT HARD COPY PHOTOS. Do not email photos. Photos will not be

returned. Enclosing pictures with your application will expedite the application process.

Close-up pictures are appreciated

Barn and/or shed, inside & outside  Hay, grain, grain containers & storage areas

Inside of stall/shelter including flooring  Turnout(s) including all fencing & water provisions

Other horses at facility, if applicable  Any other animals currently in your care

**Applicant References:**

(Please do not use family members)

NAME OF YOUR PRESENT HORSE VETERINARIAN:

\_\_\_\_\_  
Phone #(\_\_\_\_\_) \_\_\_\_\_

How long have you used this Vet? \_\_\_\_\_

NAME OF YOUR PRESENT SMALL ANIMAL

VET: \_\_\_\_\_

Phone #(\_\_\_\_\_) \_\_\_\_\_

How long have you used this Vet? \_\_\_\_\_

NAME OF YOUR

FARRIER: \_\_\_\_\_

Phone #(\_\_\_\_\_) \_\_\_\_\_

How long have you used this Farrier? \_\_\_\_\_

NAME OF TRAINER (if applicable) \_\_\_\_\_

Phone #(\_\_\_\_\_) \_\_\_\_\_

How long have you been working with this trainer? \_\_\_\_\_

**THREE PERSONAL REFERENCES (MUST NOT BE RELATED TO YOU)**

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

Phone #: (\_\_\_\_\_) \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

In what capacity? \_\_\_\_\_

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

Phone #: (\_\_\_\_\_) \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

In what capacity? \_\_\_\_\_

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

Phone #: (\_\_\_\_\_) \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

In what capacity? \_\_\_\_\_

NEIGHBOR we can contact if we are unable to reach

you: \_\_\_\_\_

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

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Is there anything else you would like to share with us?

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I understand that a credit record check may be required before my adoption application is accepted, and I agree to pay the cost of such credit check. I further understand any costs associated with this adoption are not refundable if my application is not accepted.

I state that all answers are true and complete to the best of my knowledge, and if it is later determined by HEART that any answers on this application are untrue, the adoption will be cancelled and I will not be entitled to a refund of any adoption fees or other expenses.

#### CHECKLIST

We will not be able to process your application unless all of the questions are completed. If you have any questions regarding this application, or would like to speak to someone, please do not hesitate to call our office at 520-445-1510.

Have you:

Answered all questions on the application?

Included any attachments and photos?

Signed & dated the application?

\_\_\_\_\_  
Signature of Applicant (Must be at least 18 years of age) Date

HEART of Tucson

120 S. Houghton Rd. STE 130-267

Tucson, AZ 85748-2155

*For any questions please call: 520-445-1510 or e-mail [contact@heartoftucson.org](mailto:contact@heartoftucson.org)*