

Oakdale Equine Rescue
PO Box 1980
Oakdale, CA 95361
(209) 614-2338
Oakdaleequinerescue@gmail.com
www.oakdaleequinerescue.org

Equine Adoption Application

Applicant must be 21 years or older to adopt a horse from OER.

Please use back side of form to complete any answers if needed. Please be sure to include pictures of equine location.

Name of equine inquiring about: _____

Name of applicant: _____ Date of Birth: _____ Age: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Identification Number: Driver's License Number: _____ State Issues: _____

1. Have you ever owned a equine before?

2. If the equine will be kept someplace other than the address provided above, please list the name of the facility, address, contact person, and phone number:

3. Applicant must provide at minimum two professional references. If applicant has or does currently own equines(s) must provide vet name, farrier, and equine dentist:

4. What type of equine are you looking for (age,breed, height, and sex)?

5. Please describe your experience with handling, caring for, riding, and/ or training equine.

Initial: _____ Date: _____

ACKNOWLEDGEMENT

I, the undersigned, understand I am applying to adopt an equine from Oakdale Equine Rescue(hereinafter referred to as OER). I understand that I must complete the application procedure and may be required to have my equine property or boarding facility inspected and approved before being allowed to adopt an equine from OER. I understand tha I may not be able to adopt the equine I am interested in for various reasons. By signing this application, I agree that I may not sell, give away, or lease out the equine I adopt without the written permission of OER. I further understand that I may NEVER send the equine I adopt to an auction or to slaughter. By signing this application, I agree OER is not liable in the event of injury,death or damage to any human, animal or property as a result of activities or actions of the equine I adopt.

****Please be advised INCOMPLETE applications will not be accepted. ****

Applicant's Signature

Date

Printed Name of Applicant

Initial: _____ Date: _____