

LAST CHANCE ANIMAL RESCUE, INC.

EQUINE PRE- ADOPTION OR FOSTERING APPLICATION

The undersigned hereby makes an application to be considered as an Adopter or Fosterer of an equine (defined as a horse, pony, donkey, or mule) from Last Chance Animal Rescue, Inc. (hereinafter, "LCAR"), a 501(c)3 charitable, rescue organization located in Charles County, Maryland by truthfully providing information on this Pre-Adoption/Fostering Application.

Today's Date: _____ Anticipated Acquisition Date: _____

Applying as: Adopter Fosterer

PLEASE TELL US ABOUT YOURSELF

Full Name: _____

Street Address: _____

Mailing Address (if different): _____

Home Phone () _____ Cellular Phone () _____

Email Address: _____

Over the age of eighteen (18) years: Yes No

Have you or any one in your household ever been convicted of animal cruelty? Yes No

If Yes, attach sheet with date(s), Jurisdiction(s), and details.

PLEASE PROVIDE INFORMATION RELEVANT TO HORSE OWNERSHIP AND/OR ACTIVITIES

Do you currently own equine? Yes No

If "yes," attach sheet describing how many, what breed(s), type(s), and age(s).

Ever owned an equine prior to this? Yes No

If "yes," date acquired & for how long: _____

If "no," how do you plan on acquiring the knowledge and skill to care for this equine (attach additional sheet, if necessary)? _____

Do you considered yourself to be:

New to equine ownership Novice/Limited Experience Substantial Experience Expert

Is this equine for your own use or for a minor child? Own use For a Child

If for minor Child, is the Child:

New to equines Novice/Limited Experience Currently taking riding lessons More than 2 yrs of lessons

What are your intended uses for an equine?

Sanctuary care only Pleasure or trail riding Sport or Competition Lesson Program (please explain): _____

Are there other animals on the property where the Equine will reside? Yes No

If "Yes," Horse or other Equines Other Livestock Dogs Cats Poultry/Fowl Other: _____

PLEASE PROVIDE INFORMATION RELEVANT TO CARE OF YOUR EQUINE

Name of Veterinarian: _____

Contact Phone #: _____ Email Address: _____

Name of Farrier: _____

Contact Phone #: _____ Email Address: _____

Will the Equine be living on your property? Yes No

If "Yes"

If "No"

Number of pastured acreage: _____

Name of Boarding Facility: _____

Type of fencing: _____

Location: _____

Type of shelter(s): _____

Phone #: _____

_____ Contact Person: _____

PLEASE GIVE BOARDING HISTORY (LAST 3 YEARS) – attach additional sheets if necessary

Current Boarding Facility's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Operated by (name of owner/manager): _____

Telephone #: () _____

of Years at boarding facility: _____

PLEASE LIST YOUR REFERENCES

Please list persons familiar with your current or past handling of and involvement with horses.

Three References (may include equine trainers, instructors, professionals, or personal):

Name: _____

Address: _____

Phone: _____ Relationship: _____

Name: _____

Address: _____

Phone: _____ Relationship: _____

Name: _____

Address: _____

Phone: _____ Relationship: _____

I hereby apply to adopt or foster an equine from LCAR upon the set terms and conditions set forth in the Adoption/Foster Agreement. As an inducement to LCAR to accept this application, I agree to provide a deposit of funds and, further, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts I accept that I may be rejected as an Adopter or Fosterer. Additionally, I understand LCAR is not obligated to provide any reason(s) for such rejection and shall not disclose the confidentiality of any persons contacted in seeking background information.

AUTHORIZATION: Release of Information and Investigation of Facilities

I recognize that as a part of the procedure for processing my application, information will be obtained through personal interviews with others with whom I may be acquainted. This inquiry may include information as to my character, general reputation, and personal characteristics.

I agree to permit an investigation of my current and/or prior boarding arrangements (which may include an on-site visit) and listed references for the purposes of determining my acceptance as an Adopter or Fosterer of an equine. I agree not to hold LCAR or any individual involved in the investigation liable for any perceived or real causes of action, including, but not limited to, defamation of character.

AGREEMENT TO EXECUTE AN ADOPTION CONTRACT

In the event I am approved for adoption or fostering, I agree to execute an adoption/fostering contract detailing the terms and conditions for adopting or fostering an equine from LCAR, including but not limited to, price, delivery, ownership rights, and guidelines.

DEPOSIT OF FUNDS

I agree to provide a deposit in the amount of **\$200.00 (Two Hundred Dollars)** along with this application. *If approved for adoption or fostering*, the deposit shall be applied toward the full adoption/fostering fee as agreed to in the Adoption/Foster Agreement. In the event LCAR disapproves the adoption or fostering, the deposit shall be refunded within ten (10) days after notification of denial. In the event I decide not to adopt or foster an equine from LCAR, I agree to forfeit the deposit as consideration to LCAR for the time and effort taken to review this application, contact references, and make an investigation. **Current fees for adoption begin at \$1,100.00 to partially cover LCAR's costs for care and professional training, and will vary depending on age, training, and traits of equine.**

The above information, to the best of my knowledge, is true and correct. I agree to permit LCAR to investigate the information and representations I have made known. If LCAR discovers any information to be false or misleading, I understand I will be denied the opportunity to adopt or foster an equine and also forfeit the \$200 deposit fee.

Signature

FOR OFFICE USE ONLY:

NAME OF APPLICANT: _____

Background checked by: _____

References Checked:

Boarding Facility: _____
Spoke to: _____
Date: _____

Boarding Facility: _____
Spoke to: _____
Date: _____

Personal Reference: _____
Spoke to: _____ Date: _____

Personal Reference: _____
Spoke to: _____ Date: _____

Personal Reference: _____
Spoke to: _____ Date: _____

DETERMINATION:

Accepted. Date: _____

Denied. Date: _____