

Flames to Hope, Inc.

Little horses with big hearts making a big difference

405-924-4380 * www.facebook.com/flamestohope

Equine Adoption Application

Instructions for completing this application

Please read and complete this entire document and mail it to Flames to Hope 9850 E Maguire Road Noble, Ok 73068 or scan and email it to flamestohope@gmail.com. This application must be completed in full and signed with an actual signature. Applications that are not completely filled out will not be approved.

Application Process

All information and references submitted on this application may be reviewed by our Board of Directors (BOD) or staff. By signing this application, you understand and accept the terms and conditions set forth herein. Equine are placed in accordance with the equine's best interest. In cases where multiple applications are received for the same equine the Board of Directors will vote to determine placement. Once this application is approved by the Board of Directors and signed by the Executive Director of Flames to Hope, Inc. (FTH), it is a legally-binding contract.

Adoption Application

APPLICANTS INFORMATION:

Name (First and Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing address if different from above: _____

City: _____ State: _____ Zip Code: _____

Primary phone #: _____ Alternate phone #: _____

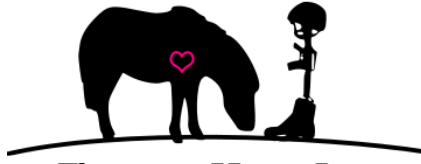
Cell phone #: _____ Email address: _____

Employer: _____

Employer Address: _____ Employer phone #: _____

Spouse Name (First and Last): _____

Spouse phone #: _____ Spouse Alternate phone #: _____



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Spouse Cell phone #: _____ Spouse Email address: _____

Spouse Employer: _____

Spouse Employer Address: _____ Employer phone #: _____

Please list any additional persons living in the home: (if more than 5 list remaining at bottom of application)

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

EQUINE INTERESTED IN ADOPTING:

Equine Name (if applicable): _____

Preferred Age: _____ Preferred Size: _____ Preferred Gender: _____

Specific requirements (if applicable) _____

What do you intend to do with this equine? _____

HOUSING

The equine will be housed at:

Address: _____

City: _____ State: _____ Zip Code: _____

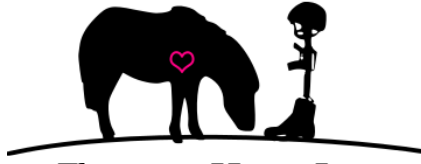
Contact person: _____

Phone: (_____) _____ - _____ Email: _____

Is this a boarding facility, private residence or other (if other, please explain)? _____

What type of housing/shelter will be provided for the equine? _____ (size _____)

What type(s) of fencing will be provided for the equine? _____



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Who will be feeding this mini daily? _____

How many miles will the equine be boarded from your residence? _____

EXPERIENCE:

Have you ever owned an equine? _____

Have you ever owned a miniature horse or donkey? _____

Do you currently own an equine? _____

How many equine do you currently own? _____

Please list their age(s) and breed(s): _____

Have you ever adopted an equine before? _____

If yes, from what rescue did you adopt the equine?

Name: _____ Phone: (____) _____ - _____

Address: _____

Email: _____

OTHER ANIMALS ON PREMISES:

What other types of animals are housed on the premises?

Will they have interactions with equine? _____

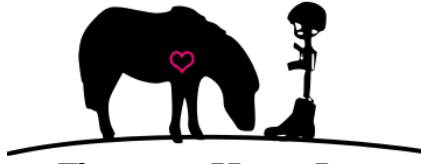
Have they previously been around other equine? _____

If yes how did they react around equine? _____

(Please provide rabies vaccinations for any animals owned living on premises with equine)

REFERENCES:

References should not be members of your immediate family. The vet and farrier may not be listed as a personal reference. Please tell your references to expect to hear from a FTH volunteer and authorize your vet and farrier to talk to FTH.



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1. Name: _____

Relationship to you: _____

Phone: (_____) _____ - _____

Email: _____

Comments: _____

2. Name: _____

Relationship to you: _____

Phone: (_____) _____ - _____

Email: _____

Comments: _____

3. Name: _____

Relationship to you: _____

Phone: (_____) _____ - _____

Email: _____

Comments: _____

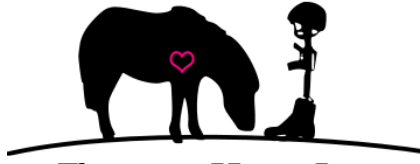
4. Farrier Name: _____

Length of time he/she has been your farrier: _____

Phone: (_____) _____ - _____ Email: _____

Comments: _____

5. Current Veterinarian Name: _____



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Length of time he/she has been your veterinarian: _____

Phone: (_____) _____ - _____ Email: _____

Comments: _____

This veterinarian will _____ will not _____ be the veterinarian caring for the Equine. If not, please provide the name of the veterinarian who will be caring for the equine:

Veterinarian _____

Phone: (_____) _____ - _____ Email: _____

Address: _____

Applicant Signature

Date

FTH Approval Signature

Date