



Horse Name _____

Description _____

Thank you for filling out this profile. The information you provide will help us help you find the best match for you and your family. Please understand that we cannot guarantee the health of our animals or if they have had any training.

Applicant Information:

Name: _____ Spouse or partner's name: _____

Home address: _____ City _____

Zip _____

Home phone: _____ Work phone: _____

Cell: _____

e-mail address: _____ Driver's License: _____

Are you: working ___ retired ___ attending school ___ homemaker ___ other: ___

Where will the horse be kept?

Own property: Size of property _____ Zoning _____ Barn Yes No

Describe fencing _____ Size of pen _____

Describe housing and shelter _____

Do you rent? Yes No Landlord's name _____ Phone _____

Boarding facility: Contact Name _____

Phone _____

Address _____ City, Zip _____

Horse Experience: 1st time owner Have had horses in the past Knowledgeable and experienced

Please describe:

If you have other horses, please list them.

Breed of horse	Age	Sex	Owned how long?	Name

Name of your Veterinarian or Veterinary Clinic: _____

City _____ Phone _____

Are you able to provide medical care, feed and the service of a farrier? Yes No

Signature of adoption applicant: _____ Date _____

Approved By _____ Date _____
Custodian

Declined Reason _____ By _____

Submit form to: Lompoc Santa Maria Santa Barbara