

# Feel Better Farm

Equine and Farm Animal Rescue

8902 Langhorne Road  
Esmont, VA 22937

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EIN: 83-3274681

## Application for Adoption

Date of Application: \_\_\_\_\_

### Personal Information:

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

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent/Guardian if under 18: \_\_\_\_\_

### Contact Information:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Financial Information:

Where do you work? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

Do you work full-time, part-time, or are you self-employed? \_\_\_\_\_

What is your household's annual income? \_\_\_\_\_

How much do you estimate it will cost you annually to care for your adopted animal/s? \_\_\_\_\_

Will anyone other than you and your immediate family be fully or partially responsible for the financial care of your adopted animal/s? \_\_\_\_\_

**Horse Experience and History:**

What is your experience with \_\_\_\_\_? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever owned \_\_\_\_\_ before? \_\_\_\_\_

Do you currently own a \_\_\_\_\_? If so, how many and please list breeds, ages, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For what purpose did you own \_\_\_\_\_ and for how many years? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever sold your animals? \_\_\_\_\_ Why? \_\_\_\_\_

**Potential Adopted Animal:**

Do you have a specific animal/s that you are interested in? \_\_\_\_\_

What qualities would you like in your animal? (i.e. age, color, sex, size, breed, temperament): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where will the animal/s be living? \_\_\_\_\_

If not you, who owns facility? \_\_\_\_\_

Contact info for facility: \_\_\_\_\_

Describe the animal/s living arrangement (pasture/coop/run-in/stall)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What type of fencing surrounds pasture space? \_\_\_\_\_

Care and Feeding Info:

Who will be responsible for feeding? \_\_\_\_\_

How many times daily? \_\_\_\_\_

Type of feed will be fed? \_\_\_\_\_

What is your hoof care schedule? \_\_\_\_\_

Which annual vaccinations will your animal receive? \_\_\_\_\_

How often will you de-worm your animal? \_\_\_\_\_

**Reference information:**

Name and contact info for vet: \_\_\_\_\_

\_\_\_\_\_

Name and contact for farrier: \_\_\_\_\_

\_\_\_\_\_

Who is the client of vet and farrier references listed above? You or boarding facility?

Vet? \_\_\_\_\_ Farrier? \_\_\_\_\_

Please provide the names and contact numbers of two non-family references. \*References must have farm animal experience and knowledge of your experience:

1. \_\_\_\_\_

2. \_\_\_\_\_

We welcome any additional information you would like to provide and will take it into consideration when determining approval of this application:

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Thank you for your application. We will review and contact you with our determination and/or any additional questions we may have.

By signing below, you certify that all of the information you have provided on this application is true and correct to the best of your knowledge.

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

Signature & Date: \_\_\_\_\_