

# A Grazing Grace Horse Rescue and Equine Therapy

1193 North Arm Rd, Greenville, CA 95947  
530-282-1921

## *Adoption and/or Foster Application*

### **A. General Information** *(all fields must be completed. If non-applicable enter n/a)*

**All applicants must be at least 18 years of age.**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Are you over the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about AGG? \_\_\_\_\_

If you are interested in volunteering or would like further information concerning any area of interest, please check which areas you are interested in and additional information will be sent to you.

General \_\_\_\_\_ Inspections/investigations \_\_\_\_\_ Trailering \_\_\_\_\_  
Fundraising \_\_\_\_\_ Donations (goods, services, etc) \_\_\_\_\_ Other (please describe \_\_\_\_\_)

### **B. Equine Information** *(all fields must be completed. If non-applicable enter n/a)*

Have you ever been charged with or convicted of animal abuse? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

### **C. Facility Information** *(all fields must be completed. If non-applicable enter n/a)*

Will the equine be located at a different address than above? No \_\_\_\_\_ Yes \_\_\_\_\_

\* **If yes please complete the following** \*

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

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

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

Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Please describe** the housing the adopted animal will be living in, including shelter description, fencing type, total acres for adopted animal (if applicable) and other animals the adopted animal will be living with..

**D. TYPE(S) OF EQUINE PREFERED**

Which equine(s) are you interested in?

**E. EXPERIENCE** *(all fields must be completed. If non-applicable enter n/a)*

Please tell us about horses you currently own or have owned in the past (such as what type(s) of equine, how long you owned them, why you no longer own them, what you do/did with them, etc.)

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*If more space is needed, please state to see back of page and list further information there*

Please describe what experience you have handling, caring for, riding, and training equines.

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**F. REFERENCE INFORMATION:** *(all fields must be completed)*

The required references are: Veterinarian (if you do not have a large animal vet, your small animal vet may be listed), Equine Professional (this may be a trainer, farrier, etc...) and personal (no relation). These must be three (3) separate people. Please let your references know that we will be calling them to ask them a few questions.

Please complete the following information for your references:

\*Veterinarian Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

*\* This is your vet, small or large*

Farrier Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Personal Reference Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Personal Reference Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**G. REQUIRED PHOTOS:**

Please provide photographs of property, fencing, and stables if applicable. Photographs may be mailed to the address listed or emailed (please reduce pixel size) to [tina@agrazinggrace.com](mailto:tina@agrazinggrace.com)

I the undersigned understand I am applying to adopt equines from A Grazing Grace Equine Therapy and Horse Rescue. I also understand that I must complete the application process and my home (or boarding facility) must be approved before being allowed to adopt any equine from A Grazing Grace. I understand that I may not be able to adopt the equine I want for various reasons.

I agree and understand that A Grazing Grace reserves the right to request a background check, including criminal records to verify personal information.

By signing this adoption application, I agree that I have read and understand the adoption policies of A Grazing Grace. I agree that I will submit a completed adoption application and must have approval from an officer of AGG before I am allowed to adopt an equine.

When adopting from AGG I agree that I will never sell, give away, lease out, send to slaughter or otherwise remove any equine I have adopted. If at any time I am unable to take care of an adopted equine, I will return the equine to AGG immediately with no questions asked. If the adopted equine dies, I will contact AGG to notify them of the event and reasons. I also understand that I may never use any adopted equine for breeding purposes for any reason.

By signing this application, I agree to not hold A Grazing Grace 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 or foster.

**Please Read:** Your application will be kept on file for 6 months. We reserve the right to refuse adoption to an approved adopter if we feel the match is not in the best interest of either the equine or the person or for any other reason without explanation.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant (if Joint request with spouse)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Official

\_\_\_\_\_  
Date