Under the Angels Wings Rescue – (UAWR)
Adoption Application

Name: _____

Address: _____

City:_____ State: _____ Zip:_____

Home Phone: (_____)_____Work Phone: (_____)_____

Cell Phone: (__)_____Social Security # _____

Email address: _____

How did you hear about UAWR? _____

Previous address if less than 2 years:_____

_____

Do you own, rent, or live w/ parents? _____

Landlord's Name: _____ Landlord's Phone #: _____

Employer: _____ Phone #: _____

Address: _____

City:_____ State: _____ Zip:_____

How long employed with this company? _____

Annual Income: Self:_____Household: _____

Do you currently own a horse? _____ If yes how long? _____

Have you previously own any horse(s)? _____ If yes how long did you own this horse and what happened to your previous horse(s) _____

_____

_____

Describe your horse experience, and level of handling. (Beginner, Int., or Advanced): _____

_____

_____

You understand and agree that no horse adopted from "Under the Angels Wings Rescue" may be used for breeding or racing and you can NOT "give away", sell, send or abandon any horse at any auction or feedlot.
Yes: _____(*Initial)*

The horse you are interested in adopting:

Is there a particular horse on our site you are interested in? _____

What horse or type of horse would you like? _____

Do you have specific height, weight, or performance requirements? What are they? _____

_____

What do you plan to do with the horse you adopt from UAWR? _____

_____

Who will be the primary rider of the horse? _____

What is the height & weight of the heaviest rider? _____

How many hours per day and days per week will the horse be used? _____

About where the horses will be kept:

Will the horse be kept on your property? Yes: _____No: _____

Describe where the horse will be kept (structure/shelter/other horses/security): _____

_____

_____

If the horse will be kept at a boarding facility, please tell us where the horse will be Housed?

Name of Facility: _____

Address: _____

Phone #: _____ Contact Person: _____

When will it be convenient to visit this facility? _____

In the final adoption agreement we retain the right to unannounced and periodic checks on the condition of the horse and stable. Will you accept this condition? _____If No please explain: _____

_____

Who will feed the horse? _____How often will it be fed? _____

What will the horse be fed? _____

Who will exercise the horse? _____ How often? _____

Describe your plans to care for horse during vacation: _____

_____

Who is or will be your:

Veterinarian? _____ Phone #: _____

Farrier? _____Phone #: _____

Trainer? _____ Phone #: _____

How frequently do you think you should - De-Worm _____ Trim hooves_____

Float teeth _____Vaccinate _____

How much to you expect to pay yearly for Feed: _____ Worming: _____

Farrier: _____ Medical Care: _____

Please provide four references: (No Family, Provide horse and work related references.)

Name:_____Phone #: _____

Address: _____

Name:_____Phone #: _____

Address: _____

Name:_____Phone #: _____

Address: _____

Name:_____Phone #: _____

Address: _____

Have you ever been issued a warning or citation for humane violations? Yes _____ No _____
If yes, please explain the disposition: _____

_____

Other considerations or comments: _____

_____

Transportation arrangements:

Do you need this horse transported? _____

Do you understand that if transport is provided by Under the Angels Wings Rescue or a commercial hauler that a fee payable upon pickup is anywhere from $.75 to $1.50 a mile per horse depending on the transporter.

If you do not need transport, what type of trailer will be picking the horse up? _____

_____

I certify that all the information contained herein is true and correct:

Signature: _____ Date: _____

I certify that I am over the age of 18: _____ *(initial)*

Signature: _____ Date: _____

I certify that I am over the age of 18: _____ *(initial)*

You may email your application to Info@UAWR.com, but please send original to Courtney Hobson, PO Box 293683, Phelan, Ca 92329-3683 (951) 318-2275

If emailing application please put "Application for Adoption" in the subject line.

UAWR Use Only:

Application Received: _____ Site Check Done: _____Date: _____ Application Approved: _____ Reference Check _____

UAWR Rep Initial: _____