

Wings Programs, Inc. Adoption Application

208 Rusty Spur Way, Corvallis, MT 59828 • 406-363-3346 • www.wingsprograms.com

First Name _____ Last Name _____

Phone (home) _____ Cell _____

Email _____

Are you at least 18 years old and have a valid driver's License or state identification card stating your current address? _____

Street Address _____

City _____ State/Zip _____

Driver's License # or ID _____

Name of horse(s) you are interested in (if applicable): _____

Employment

If employed, Name of employer. _____

Job title/ line of work: _____

How long with present employer?) _____

If currently a student, where? _____

Housing Information.

Would horse be kept on your property or boarded? _____

Please list name, address, and phone number of the boarding stable or property where horse(s) will be kept if not at your residence. _____

How will horse(s) be housed?

___ Corral Size of corral _____ How often will horse(s) be turned out or exercised if kept in corral? _____

___ Pasture

___ Irrigated/grass

___ Dry Lot

What type of shelter do you have? _____

How and where will the horse(s) spend the majority of their time? _____

What type of fencing do you have? _____

Please attach pictures of fencing and any housing.

___ I agree that a representative from The Wings Program may visit the site where the horse(s) will live, if they so choose.

Please explain how you would transport the horse: _____

Your Horse history

If prior horse owner: Length of time owned in the past. _____

Reason for no longer owning horses _____

If current horse owner: How long have you owned your horses? _____

If currently own horses, Tell me a little about them:

Horse #1: Name, Age, Gender, etc _____

Horse #2: Name, Age, Gender, etc _____

Horse #3: Name, Age, Gender, etc _____

Why do you wish to adopt a horse? _____

___ Looking for horse in good condition, able to ride, and potentially train for sport

___ Looking for yearling

___ Looking for a senior and/or companion horse

___ Looking for a green broke or horse in need of additional training

What is your preferred personality of the horse? _____

What is your intended purpose for the horse? _____

If interested in adopting one of our rideable horses, what is the level of experience for primary rider?

If interested in adopting one of our rideable horses, who else would be regularly riding and what is their experience? _____

How often will horse be handled? _____

How often will horse be ridden, if applicable? _____

Are you aware of the financial responsibilities associated with owning a horse? What do you consider to be acceptable expenses per year? _____

When your horse is a senior and/or becomes no longer rideable, what is your plan for the horse?

Have you ever had to relinquish a horse or had one taken by authorities? _____

If yes, explain: _____

In the event you are unable to keep or care for the horse at any time, the horse must be returned to The Wings Program Inc, unless Wings approves of the change of ownership. There is no refund of adoption fees. What would cause you to return a horse to us at some time in the future?

If you are no longer able to keep the horse(s) you adopt, do you agree to return the horse(s) to The Wings Programs Inc or locate an appropriate new owner? _____

Furthermore, do you agree that if you cannot keep the horse(s) you adopt, you must house and properly care for the horse(s) until arrangements can be made (in a timely manner) to return the horse to The Wings Programs? _____

We need the following references:

Please list your Veterinarians. If you do not currently use an equine veterinarian, would you be willing to use one that Wing recommends? _____

1. _____

2. _____

Please list your farrier(s) with telephone number.

1. _____

List two personal references

1. _____

2. _____

Thank you for taking the time to fill out our application. I know it is time consuming, but we love our animals, each and every one. We want to make sure they find the perfect home well matched for owner and horse.

Signature _____ Date _____