



Lollypop Farm
 99 Victor Road
 Fairport, NY 14450

EQUINE ADOPTION APPLICATION

Date _____

If any, name of staff who spoke with you _____

Please return this **completed application** to the Equine Manager
 Any questions please call **(585)223-1330 ext. 269** or email **equine@lollypop.org**

Adopter Information:

Name _____ Email _____
 Address _____ Phone – Home (_____) _____
 City _____ State _____ Zip Code _____ Cell (_____) _____
 Driver's License Number _____ Date of Birth _____
 Current Employer: _____ Phone (_____) _____
 Do you work Full time? Part time?

Equine Requirements:

Application for: Horse Pony Miniature Horse Donkey Mule
 Is there a specific animal at Lollypop Farm that you are interested in? _____
 Is there a specific breed/height/age you prefer? _____
 What level of training would you prefer the equine to have?
 Untrained Started Green Moderate Experience Well trained
 What riding discipline is your primary focus? _____
 How often will the equine be ridden/driven? _____
 What is your overall goal for your adopted equine? _____

Rider Information:

How long has the primary rider been riding? _____
 What is the primary rider's current riding discipline? _____
 Please select the most appropriate skill level of the primary rider:
 Beginner – very little, if any, experience riding/handling horses
 Advanced Beginner – Is able to apply basic aids, and is comfortable at walk & posting trot on a **quiet, reliable** mount.
 Intermediate – Is confident riding at the walk, trot, and canter on a **quiet, reliable** mount.
 Advanced Intermediate – Is riding at the walk, trot, and canter regularly, and knows how to communicate with the horse effectively. They can handle occasional spookiness, or horses that are a bit fresh.
 Advanced – Has a confident, independent seat, soft hands, and can handle a spirited or spooky horse.
 Trainer – Is highly skilled, able train horses from untrained to fully rideable, and can handle young and/or difficult horses.
 Does the primary rider work with a trainer or riding instructor? If yes, please tell us who:
 Name: _____ Phone (_____) _____
 If currently riding, how often?
 Daily 4-6 times weekly 2-3 times weekly About once a week
 Weekends only 1-2 times monthly Seldom

If there are any, at what level are secondary riders?

- Beginner – Very little, if any, experience riding/handling horses
- Advanced Beginner – Is able to apply basic aids, and is comfortable at walk & posting trot on a **quiet, reliable** mount.
- Intermediate – Is confident riding at the walk, trot, and canter on a **quiet, reliable** mount.
- Advanced Intermediate – Is riding at the walk, trot, and canter regularly, and knows how to communicate with the horse effectively. They can handle occasional spookiness, or horses that are a bit fresh.
- Advanced – Has a confident, independent seat, soft hands, and can handle a spirited or spooky horse.
- Trainer – Is highly skilled, able train horses from untrained to fully rideable, and can handle young and/or difficult horses.

Do the secondary riders work with a trainer or riding instructor? If yes, please tell us who:

Name: _____ Phone (_____) _____

Please estimate the largest rider's height _____ weight _____

Facility Information:

Where will this animal be living? Boarding facility Private residence

Address _____

Who owns this property? Please list phone number _____

What is the approximate size of the turnout area? _____

What type of fencing is used? _____

What will be used for shelter? Stall Run-in shed Other shelter _____

Cost & Care:

How will the regular cost of this animal be covered? Boarding Fees Self-care

How much do you anticipate spending yearly on the following items:

Grain/hay/supplements _____

Veterinary care _____

Dental, Farrier, Worming _____

Who will be responsible for these costs?

Who will be handling this animal on a daily basis for feeding, watering, and turning out?

Who will care for the animal when you are unavailable to do so (vacation, illness, etc.)?

Please list the farm animals you currently own or have owned within the past 5 years.

Species/Breed	Age	Sex	Neutered ?	If no longer owned, what happened to the pet?

Which veterinarian will you use for equine care?

Name _____

Phone number (_____) _____

What farrier do you intend to use for this animal?

Name _____

Phone (_____) _____

Have you ever adopted from Lollypop Farm before? Yes No

If yes, what did you adopt? _____

Please be sure that you have filled out each question thoroughly and honestly. This information will be used to help provide you with the best possible equine match.

By signing, I affirm that I am 21 years of age or over, and the information contained on this form is true to the best of my knowledge. I understand that if I am approved for adoption, I will be required to make a substantial commitment of time and money for several years for my new equine.

Signature

Date

Steps For Equine Adoption:

1. Return completed equine adoption application form to the Equine Manager.
2. If a suitable animal becomes available, all qualified parties will be notified.
3. Make an appointment to work with the animal, both on the ground and under saddle.
4. Schedule a home visit to be completed by a staff member at Lollypop Farm to wherever the animal will be kept.
5. If potential adopter and the staff at Lollypop Farm are comfortable, the adoption is approved.

Adoption Fees

- Companion Only \$300.00
- Ride-able \$600.00 and upward

*Pre-purchase exams by your veterinarian are encouraged, at your cost.

**All animals have negative Coggins, are fully vaccinated, dewormed, and have regular farrier appointments every 6 – 8 weeks. The new owner will receive copies of the animal's records.

Release for Veterinary Information

In order for your veterinarian to release information regarding the care of the farm animals in your possession, we request that you fill out this form. It is not filled out by your veterinarian. Please be sure to sign it and return it to the Humane Society at Lollypop Farm along with your adoption application. This information will only be used when considering the eligibility of candidates interested in adoption.

I give my veterinarian, Dr. _____ permission to release information concerning the veterinary care of my animals to the Humane Society at Lollypop Farm. I understand this information is only for the purpose of considering my eligibility for adopting animals from Lollypop Farm.

Signature: _____ Date: _____

Print name: _____