

HHS Pre - Adoption Application – Equine and Other Farm Animals

A Name _____ Home:(_____)_____ Cell : (_____)_____

D Address _____ City _____ Zip _____

O Tx ID#: _____ E-Mail: _____ Employer: _____

P Is this the address the animal will be housed? Yes / No If no, please provide the address of the location:

T Address _____ City _____ Zip _____

E Do you: Rent ___; Own ___; this location. If rent, Landlord's Name: _____ Phone _____

R How long at this address? _____ Who will be financially responsible for pet? _____

Have you ever applied for adoption at HHS? Yes / No Have you ever owned or currently own livestock? Yes / No

How did you hear about the HHS? _____

List all animals you have **had**, or currently **have**. Include species/breed, age, sex, if not living, include age at time of death and cause. Please include a copy of your vaccination history, coggins history, and general vet paperwork for each owned animal.

General VET reference for these animals? _____ **Phone:** (_____)_____

Equine VET reference for these animals? _____ **Phone:** (_____)_____

Farrier reference for these animals? _____ **Phone:** (_____)_____

Client name listed with above Vet clinics: _____ Date of last visit: _____



Are any of your existing male livestock intact? Yes / No Do you share fence line with intact animals? Yes / No

Have you sold or given away a livestock animal? Yes / No

If you must give this pet up for **ANY** reason, do you agree to return the animal to the HHS? Yes / No

Please describe your hoof care practices (frequency, shoe vs. trim, justifications):

Please describe your feeding protocol for equines/livestock (amounts, frequency, plans to separate if multiple animals):

Please describe your parasite control practices:

Please describe the property the animal will be housed at, including acreage, type of fencing, shelter, animals housed with, owned or boarded, tendency to flood, etc:

Do you have a trainer or instructor you work with? If so, please provide their contact info:

What are your plans for the equine or livestock you are interested in adopting?

I/WE CERTIFY THAT THE ABOVE IS TRUE AND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION. I/we understand the HHS reserves the right to verify any and all information given and that the HHS reserves the right to refuse adoption to anyone. I/we have given the responsibility of pet ownership serious consideration and seriously want to adopt. I/we understand the majority of livestock have come to the HHS through our Animal Cruelty Investigations Team. Most lacked proper care and nutrition and were often severely malnourished when they arrived. These animals will need time and patience, once adopted, to slowly get back into shape and grow their skills. There will be no refund of my/our adoption donation.

ID: _____ **Land lord contacted:** ___/___/___ by _____;

Restrictions: _____

Animal Up To Date; Yes or No **What Vaccinations needed?:** _____

AVI# _____

Call for pick up:

Date: ___/___/___ by _____ results: _____

Date: ___/___/___ by _____ results: _____

Date: ___/___/___ by _____ results: _____

Meet and Greet; Date: ___/___/___ **With Whom:** _____

Completed M.G. Yes ___ **No** ___

Scanned/Input into Pet Point

Date: _____ **By:** _____

Notes:

