

HHS Pre - Adoption Application – Equine and Other Farm Animals

A D O P T E R	Name _____	Home: (_____) _____	Cell : (_____) _____
	Address _____	City _____	Zip _____
	Tx ID#: _____	E-Mail: _____	Employer: _____
	Is this the address the animal will be housed? Yes / No If no, please provide the address of the location:		
	Address _____	City _____	Zip _____
	Do you: Rent ___; Own ___; this location. If rent, Landlord's Name: _____ Phone _____		
	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.

