

"Successfully re-homing retired and non-racing Standardbreds since 1996"

ADOPTION APPLICATION

Please read the attached Adoption Application carefully. To avoid any delay, please ensure that all questions are answered, including a description of your ideal horse. **<u>PLEASE PRINT</u>**

I am	inter	rested in: E] A	doption		Foster Car	e	D Both (P	lease	e check all that apply)
Date: (dd/mmr	n/yyy	лу):								
Applicants Full	Nan	ne:						Age	e (Mu	ust be 18 or older):
Home Phone:			Work Phone:			Cell:				
Email:										
Full Mailing A	ddres	ss:								
City/Town:			Province:			Postal Code:			e:	
Where is the be	est pl	ace to reac	h you	betwee	n the hours	of 9 AM –	5 P	M?		
					Home	Cell 🗆	Wc	ork 🗖 Email		
How did you f	ind o	ut about OS	SAS?	D F	riend 🗆 V	Website 🛛	(Other		
HORSE PRE	FERI	ENCES								
Gender		Gelding		Mare						
Age		No Prefer	ence		Young (2-1	12)]	Teenager (13-19)		Seasoned
Size		No Prefer	ence		14-15 hh		1	15-16 hh		16 hh +
Use		Companio	on (<u>N</u>	o riding	/driving)		II	Riding/Driving		

Please briefly explain your desired discipline for which the horse will be used:

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c/o 96 85 First Line, R.R. #1, Moffat, Ontario, L0P 1J0 Admin: 905.854.6099 ● Mobile: 905 339 6748 (OSAS) ● Fax: 905.854.6100 Email: <u>osasadmin@bellnet.ca</u> ● Website: <u>www.osas.ca</u>



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APPLICANT INFORMATION

Name of Rider:						
How would you describe y	our level of riding exper	ence?				
□ Beginner □ Novice □ Intermediate □ Advanced						
On average, how many days	a week will the horse be ric	den or driven?				
How long have you been sea	rching for a new horse?					
Have you ever owned a horse or pony before? YES NO						
Please list the current horse(s) you own:						
Please explain if any previou have them.	sly owned horses been sold	, given away, died or other	circumstance	es as to why you no longer		
STABLING INFORMATIC	<u>DN</u>					
This horse will be stabled at:	□ Boarding Facility	□ My personal property				
Name of Facility:						
Address:	City		Prov	Postal Code		
Facility Phone #	Na	me of Facility Contact Pers	son			
Facility Veterinarian Name:		Phon	ne #			
Facility Farrier Name:		Phor	ne #			
Describe the shelter for your	horse:					
Barn size:	Box stall size: x	Run-in Shelter:	x			
Type of flooring in: Stall		Run-in Shelter:				
What type of fencing enclose	d the turnout areas for your	horse?				
		2				
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STABLING INFORMATION Cont'd

Please	indicated the size of turnout area to be used:					
•	How many horses are stabled at the facility?					
•	How many horses are paddocked together outdoor?					
•	How long will your horse be turned out each day?					
•	• What type of hay is used & in what amounts per day during turnout?					
•	What type of hay is used & in what amounts during turn-in?					
•	What is the grain stored in and where is it located?					
•	Is clean water provided and available to the horse 24 hours per day?	□ NO				
•	What is your worming schedule?					
•	How often will/do you trim/shoe?					
•	How often will/do you have your horse inoculated?					
•	Does your veterinarian administer your vaccines? YES NO					
APPLICANT REFERENCES (Please do not include family members)						
1. Nan	1. Name of Present Veterinarian: Phone #					
Addres	s (If Rural Route, please include actual street name and address):					

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APPLICANT REFERENCES Contd

2. Name of Small Animal Vet (if applicable):	Phone #			
Number of years vet used:				
3. Name of Farrier:	Phone #			
Length of time used:				
4. Name of Riding Coach (if applicable):	Phone #			
Length of time under current Coach:				
PERSONAL REFERENCES				
Name:	Phone #			
Relationship:				
Neighbor (for contact purposes if you are away):				
Name:	Phone #			
Address:				

Enclosing pictures with your Application will expedite the application process. You may email or mail photos. Close-up pictures of the following are helpful

- ✓ Barn and/or run-in shelter (inside and out)
- ✓ Hay, grain and grain containers
- ✓ Inside of stall/shelter (including flooring)
- ✓ Turnout paddocks (including fencing/water, etc)
- ✓ Other horses at facility (if applicable)
- \checkmark Any other animals currently in your care or at the stabling site

Signature of Application:	Date:
Name of Applicant (Print):	

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Please use this space to describe your ideal horse: