

PLEASE RETURN TO:

Horse Protection Society of North Carolina Inc. 2135 Miller Road, China Grove NC 28023
704-855-2978, hps@horseprotection.org

Horse Protection Society's Equine Application

Name of Applicant: _____ **Age:** _____

Address: _____

City _____ **State** _____ **Zip Code** _____

Home Phone: _____ **Work Phone** _____

E-mail address: _____

Place of Employment: _____

Address: _____

City _____ **State** _____ **Zip Code** _____

APPLICANT PREFERENCE FOR HORSE

Gender: ___ Gelding ___ Mare ___ No Preference

Age of Horse: Please Circle 2 3 4 5 6 7 8 9 10 11 12 13 14 15+ ___ No Preference

Training: ___ English ___ Western ___ No Preference ___ Pasture Mate (not rideable)

Bone Structure ___ Small ___ Medium ___ Large ___ No Preference

Size: ___ Pony ___ 14-15 hands (average) ___ 15-16 hands ___ 16+ ___ No Preference

There is additional space on page 4 to complete answers. Please indicate the question number.

1. Height and weight of the person who will be riding: _____ ft. _____ lbs.
2. Describe your riding experience: _____

3. Use of the horse: ___ Trails/pleasure ___ Shows (list type of classes below) ___ Driving
Other/explain: _____
On the average, how many days per week will this horse be ridden/driver? _____
4. If you plan to use the help of a trainer or friend please provide their name and telephone number:
Name: _____ Phone: _____
5. Have you ever been responsible for the care of a horse or pony before? ___ Yes ___ No If so, how long ago and under what circumstances? _____

6. Please list any other animals you now have and their names: _____

7. Will the horse be boarded on your property? ___Yes ___ No If not please provide:
 Name of boarding facility: _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Name of contact person _____
8. Describe the shelter the horse will have: _____

9. What type of fencing encloses the turnout area? (*Please include size of turnout area*) _____

10. How long will the horse be turned out each day? _____
11. Describe the worming program that will be used, what products and when they will be used? _____

12. How often should you have your horses hooves trimmed? _____
13. How often should you have your horse teeth floated? _____
 Would you be willing to have an equine dentist care for your new horse's teeth within 2 weeks? ___Yes ___No
14. List the signs of colic: _____

 What measures would you take if this occurred: _____

15. If your horse is received in less than fleshy condition, describe the steps/schedule you would use to improve his body weight: _____

16. If your horse is received with poor muscle tone, describe the steps/schedule you would use to improve muscle tone: _____

17. How would you introduce a new horse to his environment and pasture mates? _____

18. For what reasons would you call the vet? _____

19. Describe the area/situation in which you would feed two or more horses turned out together: _____

