



NM Horse Rescue at Walkin N Circles Ranch  
PO Box 626  
Edgewood, NM 87015

(505) 286-0779 | saveahorse@wncr.org

## ADOPTION APPLICATION

THIS ADOPTION APPLICATION is the first step in the adoption process. It is a general application and is not an agreement to adopt any specific equine. ***Please print or write legibly.***

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Will the equine be kept on your property? \_\_\_\_\_ If not, where? (*complete information below*)

Facility Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Describe your property or boarding facility \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many other equines are currently on the property? \_\_\_\_\_

Describe your intended purpose/use for the equine \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*see reverse side*

**Who is/will be your veterinarian?**

Name \_\_\_\_\_

Business Name \_\_\_\_\_

**Who is/will be your farrier?**

Name \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Describe your experience with equines \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you understand the equine will need regular health maintenance and agree to provide care that is recommended by your veterinarian, including yearly vaccinations, dental care and worming, as well as professional hoof care?  Yes  No

Please provide the names and phone numbers of two personal references who will know how you would care for your animals:

1. Name \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Phone \_\_\_\_\_

I/we certify that I/we have never been convicted of animal abuse or neglect and that all information provided in this document is correct and true.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date