9100 Wilshire Blvd, Suite 1000W, Beverly Hills, CA 90212 alittlerescue@aol.com 805.379.8511

ADOPTION APPLICATION

THANK YOU FOR YOUR INTEREST IN ADOPTING FROM OUR RESCUE!!!

APPLICANT NAME:			DATE:	
Address: City: Email:	State:	Zip:	Phone:	
Horse(s) interested in adop				
Please answer the following supplementary information		ly. Additiona	l sheets may be at	tached if
1. Please describe the ridir last riding lesson (if application of the company) lesson (if application) and the company of the ridirection of the	cable), showing			
2. Please give your riding	level:			
□ Beginner □ Intermediate□ Trainer	e □ Advanced □	Advanced B	eginner Advanc	ed Intermediate
3. Please state whether you the name and address of su				ner and provide
4. Where will you keep yo facility, or other. Photogra which the horse will be staproperty must also be proven	aphs of the field abled must be at	in which the	horse will reside a	and the barn in

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whole or in part, for expenses inc	dual other than the applicant will be responsible, in curred during horse ownership. If your answer is in the name, address, and contact information for each such
6. Please describe the type of hor search lists for adoptable animals	rse(s) you are seeking so that we can add you to internal s:
Equine age:	Equine height:
Color preference:	Gender:
Intended use:	
Price range:	
7. References:	
Please provide the name, current references:	address and telephone number for each of the following
a. Equine Specialist (trainer, coad	ch, instructor, knowledgeable acquaintance):
b. Veterinarian:	
c. Non-family character reference	e:

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By signing this form, prospective adopter grants ALR, its agents and employees, the right to do Internet searches, physical facility visits, check with named references or use other information to determine whether to approve the signor. Once approved, an adopter is added to the ALR list and may request consideration for adoption of any ALR equine. Approval does not convey any right to adopt a particular horse.

ADOPTER SIGNATUR	E:		DATE:			
Printed name:			DOB:			
Address:						
City:	State:	Zip:	Phone:			
Email:						
PARENT/GUARDIAN ((if minor):					
SIGNATURE:			DATE:			
Printed name:			7			
Relationship:						
TRUST OR RESCUE R	EPRESENTA	TIVE SIGN	IATURE:			
SIGNATURE:			DATE:			
Printed name:						
Title:						

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EQUINE PROFESSIONAL REERENCE LETTER

REFERENCE NAME:			DATE:	
Address:				
City:	State:	Zip:	Phone:	
Email:				
How long have you worke	ed with or kn	nown the app	licant?	
	work with an		ant's animals, after speaking with /she may adopt or foster from A	
Please describe the work y	ou have dor	ne for the app	plicant's animals.	
Describe your impression owns.		and condition	n of the animals the applicant cur	rently
Do you think the applican Rescue? Why or why not?		te a good add	optive home for a horse from A l	ittle

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VETERINARIAN REFERENCE LETTER

To be completed by veterinarian: VETERINARIAN NAME: _____DATE:____ Email: How long have you been treating the applicant's animals? If you have not previously worked with the applicant's animals, after speaking with the applicant do you agree to work with any equine he/she may adopt or foster from A little Rescue? Please explain your answer. Does the applicant keep his/her animals current on their vaccinations and other health care? Describe your impression of the care and condition of the animals the applicant currently Do you think the applicant would make a good adoptive home for a horse from A little Rescue? Why or why not?

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CHARACTER REFERENCE LETTER

To be completed by non-family personal reference:

REFERENCE NAME:				DATE:	
Address:					
Address: City: Email:	State:	Zip:	P	hone:	
Email:		1			
How long have you worke	ed with or kn	nown the app	plicant?		
How would you describe to	this person's	personality	/?		
If you know, please descriapplicant currently owns:	ibe your imp	ression of th	he care a	nd condition of the anim	nals the
Is this person responsible?	?				
Do you think the applican	t would mak	e a good ad	loptive ho	ome for a horse from A	little
Rescue? Why or why not?		C	1		