



14600 COLONEL GLENN ROAD
 LITTLE ROCK, AR 72210
 501-227-6166

HORSE and Large Animal ADOPTION REQUEST FORM

We reserve the right to deny any adoption request.

Please Print Clearly!		Staff Use Only:
Current Date:		Employee:
Name:	DOB:	
Address:		Horse/Large Animal:
City/State/Zip:		Other:
Home Phone:	Cell Phone:	Control #:
Work Phone:	Drivers License No:	
Email Address:		Check #:
Employer:	How Long?	Credit:
Previous Employer:	How Long?	Cash:

1. What is the name of the animal you wish to adopt? _____
2. Do you live in the city limits of the city you noted above? _____
3. Will the horse or large animal be housed at a different location than where you live? Yes No. If yes where will the animal be housed? _____
4. Why do you want to adopt this animal? _____

5. Have you ever adopted an animal or animals from HSPC? Yes No. If so, when? _____
 If Yes, do you still have the animal(s)? Yes No. If No, why not? _____
 _____ What type of animal(s) is/was it? _____
6. We reserve the right for an authorized representative to make random and unannounced visits to assure adoptions are going well. Is that acceptable to you? Yes No
7. Have you had any other farm animals in the past ten years? Yes No. If so, what happened to them?

 How many farm animals do you have at this time? _____
 If any of your animals died in the past ten years, please indicate the cause(s) of death: _____

7. Do you have a pasture? Yes No What is the size of the area where you intend to keep the animal?

 Is there grass in the area the animal will be kept in? Yes No
 Is the area where you will keep the animal fenced? Yes No What type of fence? _____
8. Do you have a barn, shed, or other area for housing the animal? Yes No Please describe _____
9. Do the animals have access to fresh water? Yes No Please describe _____



10. Horses, Cows, Goats, etc. have different nutritional needs, are you aware of these? Yes No
11. Name of Veterinarian: _____
12. Name of Veterinarian Clinic: _____
13. What is the name of your farrier (horse shoer)? _____
14. Will you have any children around and handling the horse? _____
15. Do you worm your horse on a routine basis? _____ How often? _____
16. If you have other equine animals (horse/donkey/mule, etc), do you have current Coggins tests and vaccinations on those animals? _____ HSPC will verify the results.

Name of Animal	Age of Animals	Sex of Animal	Animals Sterilized	Coggins Tests	Vaccinations
			Yes / No	Yes / No	Yes / No
			Yes / No	Yes / No	Yes / No
			Yes / No	Yes / No	Yes / No
			Yes / No	Yes / No	Yes / No
			Yes / No	Yes / No	Yes / No
			Yes / No	Yes / No	Yes / No
			Yes / No	Yes / No	Yes / No
			Yes / No	Yes / No	Yes / No

17. If you are planning on adopting a filly or mare do you plan on breeding the animal? _____
18. General, non-emergency medical care runs around \$300.00 for a healthy animal per year. Emergency medical care can be far more costly. This cost does not include food, etc. Are you willing to commit these resources for the annual and emergency care of a large animal? Yes No
19. It is Humane Society Policy that if for any reason you can not keep this animal you are required to contact the manager of the Humane Society and make arrangements for new placement of the animal.
20. Do you agree to continue medical treatment of the adopted animal as instructed at the time of the adoption? Yes No
21. Do you understand that the Humane Society of Pulaski County is not responsible for any injury or damage incurred by any adopted animal? Yes No

It is Humane Society Policy that no horse adopted can be sold or traded for the period of one year.

Adopter: _____

HSPC Employee: _____