

Begin Again Horse Rescue, Inc. PO Box 28 Honeoye, NY 14471 info@beginagainrescue.org (585) 322-2427

Adoption and Foster Application

Thank you for your interest in a permanent lease adoption or fostering of a horse from Begin Again Horse Rescue, Inc. (BAHR). Adopting or fostering an equine can be one of the most wonderful and rewarding experiences of your life. We are looking for people who are committed to lifetime care for the horse(s) they adopt. The only way we can help more horses is if we are able to place our horses into permanent homes. We request a one-time, non-refundable fee for the adoption of a horse to help defray the costs of the care for the horses. This is not a purchase price, but a donation to the rescue, so we may continue the work we do of rescuing at risk horses. Most often, the fee is far less than the rescue has spent in the rehabilitation of each horse.

Before filling out this application, please be sure to review the permanent lease and/or foster contracts to be sure that you understand our expectations and the level of commitment required. Our goal is to find the best possible homes for our equines. To help us meet that goal, please answer the questions following this cover letter to the best of your ability. Your responses will help us to match you with the horse you are interested in, or possibly another that may meet your requirements.

Once we receive your application (email is the fastest method), we will initiate our adoption process which includes checking references. When that is complete, we then schedule a farm inspection. We are a 100% volunteer run organization. Our volunteers work full-time jobs outside of the rescue, so please be understanding that the process can take up to 2 weeks. Our experience is that the process is much quicker when you notify your references that we will be contacting them and when we have written authorization for your vet and farrier to provide us with a reference (please be sure to fill out the Reference Release in the application).

| | Experience How would you describe your level of horse experience? (Check One) Novice Beginner Intermediate Experienced Professional | | | | | | |
|----|---|--|--|--|--|--|--|
| 2. | . Do you currently own a horse(s): Yes No How many? If you have owned horses in the past, tell us about them, what they were used for, and they are now | | | | | | |
| 3. | Explain what style or type of training techniques you prefer. | | | | | | |
| 4. | How often do you feel a horse needs: Worming: Teeth Floated: Farrier/Blacksmith: | | | | | | |
| 5. | | | | | | | |
| 6. | What types of vaccinations should a horse in your area receive and how often? | | | | | | |
| | | | | | | | |
| 7. | If you are interested in a pasture pal, what other animals would be living with the horse? | | | | | | |
| 8. | Tell us about the person(s) responsible for the care and well-being of the horse: Feeding Age Experience level | | | | | | |
| | Training Age Experience level General care Age Experience level | | | | | | |
| | Administering medications AgeExperience level | | | | | | |
| 1. | Living Conditions and Riding | | | | | | |
| 2. | Will the horse live at your property? | | | | | | |
| 3. | If you will be boarding, please give name, address, and phone number of boarding facility | | | | | | |
| 4 | How big is the horse's turn out area or pasture access? | | | | | | |

| 5. | What are the approximate age, height, and weight of the person(s) who will be riding the | | | | | | |
|--|---|---------------------------------------|-------------------------------|---------------------|-------------------------------|--|--|
| | horse? | | | | | | |
| | Rider 1 | : Name | | Age | Height Height | | |
| | | Weight | _ Experience (Years) | | | | |
| | Rider 2 | : Name | | Age | Height | | |
| | | Weight | _ Experience (Years) | | | | |
| | Rider 3 | : Name | | Age | HeightHeight | | |
| | | Weight | Experience (Years) | | | | |
| Refere | ence Che | eck Release: | | | | | |
| I, | give permission to Begin Again Horse | | | | | | |
| Rescu | escue, Inc. to contact the person(s) listed below for the purposes of obtaining reference | | | | | | |
| information. These persons/practices have been made aware that you will contact them and have | | | | | | | |
| | | | rmation regarding my curre | | | | |
| animals/equines. | | | | | | | |
| | | | | | | | |
| J | | | | | | | |
| Veteri | nary Info | ormation | | | | | |
| Please provide your veterinarian contact information | | | | | | | |
| Name | | | | | | | |
| Addre | SS | | | | | | |
| Phone |) | | | | | | |
| Farrie | r Informa | | | | | | |
| Please | e provide | your farrier co | ntact information | | | | |
| | • | • | | | | | |
| Addre | ss | | | | | | |
| Phone |) | | | | | | |
| | nal Refe | | | | | | |
| Please | e provide | two reference | s of people that are not rela | ated to you who ca | an testify to your ability to | | |
| Please provide two references of people that are not related to you who can testify to your ability to provide and care for a horse: | | | | | | | |
| • | | | | Relation | ship | | |
| Phone | <u> </u> | | | | | | |
| Name | | | | Relation | ship | | |
| Phone | · | | | rtolation | <u> </u> | | |
| | | | | | | | |
| It is ou | ır policy t | hat once refere | ences have been verified, v | ve will make a farı | m visit before this | | |
| | | onsidered com | | | | | |
| • • | | | • | | | | |
| Please | e return th | nis form along | with photos of where the ho | orse will be living | to: | | |
| | | beginagainre | | . | | | |
| | | Again Horse R | | | | | |
| PO Bo | | · · · · · · · · · · · · · · · · · · · | 00000, 11101 | | | | |
| Honeoye, NY 14471 | | | | | | | |
| | | 5) 322-2427 | | | | | |
| Revie | wed by R | AHR Rantasai | ntative | | | | |
| Date | TOG Dy D | | 100170 | | | | |
| Title | | | | | | | |
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