

Equine Adoption Application
For

Linn County Animal Rescue

A non-profit equine rescue organization
Phone 541-258-3422 PO Box 2669 Lebanon, Or 97355
linncountyanimalrescue@yahoo.com or www.lcarhorse.com

In Association with the Linn County Sheriff's Office
Livestock Abuse Investigation Team

Speaking For Those Who Can't

Note: There is an adoption fee

Name _____ ODL# _____

Date of Birth (must be a least 18 years old): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

How long at this address? _____ Own or Rent (circle)

Home Phone: _____ Work: _____ Ext: _____

Cell Phone: _____ Email: _____

How long at this address: _____ Own or Rent? (circle)

How many acres: _____ Type of Fencing: _____

Type of shelter: _____

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Please check the type of equine you are wanting to adopt:

_____ Horse _____ Pony _____ Miniature
_____ Donkey _____ Draft _____ Mule

How many horses do you currently have on your property: _____

Please indicate how many of each sex: M _____ G _____ S _____

Please list the livestock you currently have on your property:

Type of animal: _____	How Many? _____
_____	_____
_____	_____
_____	_____

Please list veterinarian:

Name: _____ Phone _____

Address: _____

Please list farrier:

Name: _____ Phone _____

Address: _____

Do you have any experience in the following areas? How much?

Handling: _____

Taking care of injury or illness: _____

Socializing an animal: _____

Riding: _____

Caring for an animal that is not ride able: _____

Please check the following issues you would be willing to consider in adopting a horse:

Health problems _____ Training Issues _____ Pregnant mare _____

Too young to ride _____ Hoof conditions _____ Not ride able _____

Older (needs special care) _____

If you have additional criteria for an equine you would like to adopt? List;

Additional comments: _____

I understand that by filling out and signing this application, I am applying to adopt an equine from the Linn County Animal Rescue. I know information provided in this application may be used to request a background check. There are certain necessary rules that go with the adoption of a rescue horse. I have read these restrictions and agree to them. This application does not guarantee I will be approved to adopt a equine from Linn County Animal Rescue. I understand the Linn County Sheriff's Office or Linn County Animal Rescue(or associates) are not liable for any property, personal damage, wounds inflicted, illnesses to or caused by the adopted horse(s) or any other occurrence.

By signing this application, I am stating that all information provided is true and I understand that there may be consequences for providing faulty information.

Signed _____ Date _____

Linn County Animal Rescue

The horse adopted by _____

ID# _____ SO# _____ seized

Name: _____ Breed _____

Color _____ Markings _____

Scars or injuries _____

Age: _____ Sex: _____

Special Needs: _____

Any special instructions to the applicant: _____

Comments: _____

LCAR _____ date _____