



ASSURING  
 FUTURES FOR  
 THOROUGHBRED  
 EX  
 RACEHORSES

**ADOPTION APPLICATION**

**APPLICANT INFORMATION**

Name:	
Today's Date:	
Date of Birth:	
Physical Address:	
Phone:	home: work: cell:
Occupation:	
Employer:	
Preferred method of contact:	<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> either

**HORSE OWNERSHIP**

Will you be the primary rider and caregiver of the OTTB you are seeking to adopt?	YES NO
If not, please explain who will be the OTTB's primary caregiver and rider and your relationship to each person.	Primary Caregiver: Relationship:  Rider: Relationship:
Will you be fully responsible for expenses incurred for your OTTB?	YES NO
If not, who else will contribute?	

Please give the full name, address, and contact information for that person.	
Do you currently or have you in the past owned one or more horses?	
Please tell us about your experience with horse ownership (number of horses, length of time you owned them, their jobs while you had them, where they are now, etc.)	
Additional information you would like to share:	

### **RIDER INFORMATION**

Please describe the riding experience of the person who will be riding the OTTB.	
Years of riding:	
Please circle your riding level:	Beginner Advanced Beginner Intermediate Advanced Intermediate Advanced Trainer
Do you currently work with a riding instructor or trainer?	Yes No
Would you like assistance finding a trainer in your area who has experience with OTTBs?	Yes No
Current Trainer:	Phone: Email:
How long have you been riding with this instructor?	
How often do you currently	

take lessons?	
Will you continue riding with this instructor with your new OTTB?	
Other instructors you have taken lessons from:	
Clinics you have attended in the past few years:	
What type of riding do you intend to do with your OTTB? Check all that apply:	<input type="checkbox"/> Trail Riding <input type="checkbox"/> 4H <input type="checkbox"/> Western Performance <input type="checkbox"/> Pony Club <input type="checkbox"/> Endurance <input type="checkbox"/> Light Showing (English or Western Pleasure) <input type="checkbox"/> Dressage (indicate level you aspire to compete) <input type="checkbox"/> Eventing (indicate level you aspire to compete) <input type="checkbox"/> Hunter/Jumper Competition <input type="checkbox"/> Other (describe)
Have you had experience with training horses? If yes, please describe your methods and experiences:	
Have you had experience riding and/or training an OTTB? If yes, please describe.	
Do you plan on competing with your OTTB? What disciplines? Levels?	
Would you like assistance with finding suitable tack for your OTTB?	
Why are you interested in adopting an OTTB?	
Additional information you would like to share:	

## STABLING/CARETAKER INFORMATION

Where will your OTTB be stabled?	Boarding Facility      Your Farm
<b>IF BOARDING FACILITY:</b>	AFTER the Track will contact the boarding facility should you adopt an OTTB.
Name of facility where OTTB will reside:	Address: Phone and Email: Contact Person: Best way and time to contact this person:
Have you boarded horses here in the past?	
Do you have a space reserved for your OTTB?	
Please tell us why you selected this boarding facility.	
<b>IF YOUR FARM:</b>	Address: Phone:
How many horses do you currently stable at your farm? Do you own them or are they boarders?	
Describe your farm:	
Number of horses you currently care for:	
Do they live in stalls or run ins?	
How many hours of turn out per day?	
Description of turnouts (size,	

group size, fencing, pasture, etc.):	
Should you decide to adopt an OTTB from AFTER the Track, may we visit your farm?	Yes No
Additional information you would like to share:	

**HEALTH CARE:**

Who is the Veterinarian who will care for your OTTB?	Name: Phone/Email:
Who is the Farrier who will care for your OTTB?	Name: Phone/Email:
Additional information you would like to share:	

## **REFERENCES:**

### Trainer/Coach/Instructor

Name:

Phone:

Email:

### Veterinarian:

Name:

Phone:

Email:

### 2 Non-family character references:

Name:

Phone:

Email:

Name:

Phone:

Email:

### Barn Manager where horse will be stabled (if applicable):

Name:

Phone:

Email: