

Hooved Animal Rescue & Protection Society
ASSISTED ADOPTION APPLICATION

Please Note: These animals are at their owners facilities. HARPS will do all they can to put you in contact with the animals owner. We do this as a service to the Equine Community that helps support HARPS.

Name _____ Email Address: _____

Address _____

City _____ State _____ Zip _____

Phone: (H) _____ (W) _____

Animal Experience: Number of years, type of animal(s) breed owned, training and experience level: _____

Do you own your pasture/property? _____ Amount of Acreage: _____

Type of Fencing: _____

Type of Shelter: Number of barns, box stalls, lean-to (3 sided shelter): _____

Water Source: _____

Feed Type: _____

Describe horse you wish to adopt: _____

Veterinarian:

Name _____

Farrrier:

Name _____

Phone _____

Phone _____

Please use reverse side for additional information including directions to your home for inspection of your property by a HARPS investigator.

Amount of donation to adopt animal \$ _____

Office use:

Date Received _____ Investigator assigned _____

Date Approved _____

HARPS
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