

**The Pegasus Project, Inc.**  
**P.O. Box 26**  
**Ben Wheeler, TX 75754**  
**(903) 469-3578**

**ADOPTION APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical  
Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

1) Is this your first horse? \_\_\_\_\_ If no, when did you own a horse?

\_\_\_\_\_

Were you sole caretaker of the horse? Y \_\_\_ N \_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

2) Have you had full charge of the care of someone else's horse? Y \_\_\_ N \_\_\_

Explain: \_\_\_\_\_

3) Are you applying to adopt a specific horse from The Pegasus Project? \_\_\_\_\_ If yes,  
who? \_\_\_\_\_

4) If not applying for a specific horse, do you have a preference as to age, breed, gender, size, etc.? \_\_\_\_\_

\_\_\_\_\_

5) What other characteristics do you need (eg : a horse for a child)?

\_\_\_\_\_

\_\_\_\_\_

6) Are you interested in a companion horse? \_\_\_\_\_

7) Who will be the primary rider/handler? \_\_\_\_\_ Age: \_\_\_\_\_

Riding level: \_\_\_\_\_

8) Do you have a professional trainer if the horse you adopt is not within your experience level? \_\_\_\_\_ If so, who? \_\_\_\_\_

9) Will others handle and/or ride the horse? If so, under what circumstances?

\_\_\_\_\_

\_\_\_\_\_

10) What kind of activities do you plan to pursue with the horse? (check all that apply)

English \_\_\_\_\_ Western \_\_\_\_\_ Trail \_\_\_\_\_ Showing \_\_\_\_\_ Jumping \_\_\_\_\_

4-H \_\_\_\_\_ Roping \_\_\_\_\_ Barrels \_\_\_\_\_ Packing \_\_\_\_\_ Other (please describe):

\_\_\_\_\_

11) How will horse live? Stall \_\_\_\_\_ Outdoors \_\_\_\_\_

Briefly describe, including amount of space, shelter, other equine and non-equine animals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12) Please describe specifically the daily feeding routine for an average horse of the age and type you hope to adopt.

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13) Please provide two references, not related to you, who have information about your capability to care for a horse.

Name and phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name and phone: \_\_\_\_\_

Address: \_\_\_\_\_

14) Please provide the names, addresses and phone numbers of your veterinarian and farrier, if you have them.

Vet: \_\_\_\_\_

Farrier: \_\_\_\_\_

15) So that we can determine which of our horses may suit your adoption needs, please provide your budget for the horse's adoption fee: \_\_\_\_\_

APPLICATION FEE: \$50 \_\_\_\_\_ PAID