

**Hooved Animal Rescue & Protection Society  
ADOPTION APPLICATION**

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: \_\_\_\_\_

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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: \_\_\_\_\_

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**Veterinarian:**

Name \_\_\_\_\_

**Farrier:**

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 \$ \_\_\_\_\_

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Office use:

Date Received \_\_\_\_\_ Investigator assigned \_\_\_\_\_

Date Approved \_\_\_\_\_

**HARPS**  
P.O. Box 94, Barrington, IL 60011-0094  
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