

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

WINONA HERD 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 Winona Herd? _____ 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) If you are applying for a mare, please acknowledge that you are aware that the mare may be pregnant? Y_____

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

Experience 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 are your plans for this horse?

11) If you are adopting a potentially pregnant mare, what are your plans for the foal?

12) How will the horse live? Stall _____ Outdoors _____

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

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

14) 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: _____

PLEASE STATE THE AMOUNT OF DONATION YOU WILL MAKE TO THE PEGASUS PROJECT IF YOU ARE CHOSEN TO ADOPT THIS HORSE:

\$ _____