

Hidden K Stables Rescue & Rehabilitation Rehoming Application

Name: _____ **Date of Birth:** _____

Address: _____

Email: _____

Contact Numbers:

Home: _____ Cell: _____ Work: _____

What is the best means of contact? _____

Please attach a copy of photo identification with your completed application.

References (Please include name, relationship and contact information).

May not include family members; one must be a veterinarian.

1. _____

2. _____

3. _____

Trainer

Current Animals (List name, type and age)

1. _____
2. _____
3. _____
4. _____
5. _____

Please list any additional animals on a separate sheet of paper.

What is your current level of riding experience?

Have you ever owned a horse, donkey or similar animal in the past?

If so, what did you use that animal for?

If you no longer have that/those animals, what happened to them?

Have you or anyone that will be involved with the rescue horse been accused, charged or convicted of animal cruelty, neglect or abuse?

What are your current plans for the rescue horse?

Who will be the primary rider?

Where will the horse live?

HKS R&R requires a formal supervised ride in your discipline of choice for evaluation prior to application review. What are the best times to schedule this?

HKS R&R requires a site visit prior to application approval; what are the best times to schedule this?

Please read the following and sign in agreement if you wish to pursue your application.

Hidden K Stables Rescue and Rehabilitation seeks to permanently Rehome neglected and at-risk equines. By signing below I agree to share the above information with Hidden K Stables Rescue and Rehabilitation and allow the Rescue to review and contact any/all of

the individuals noted above as references, trainers, board locations, etc. In addition, I agree to provide any additional information requested by the Rescue.

I further agree that Hidden K Stables Rescue and Rehabilitation has the right to refuse my application for any reason, or may ask that I defer my application for a horse that may be more appropriate. In addition, I understand that I may be asked to correct any deficiencies that are barriers to Rehoming. I have the right to review my application at any point, and may ask to speak with the individual assigned to my application and/or a member of the Board of Directors if I have any questions or concerns related to my application; however, the decision of the Board of Directors is considered final.

I also understand that if my application is approved, I will have 7 days to confirm that I will be accepting the responsibility of the Rescued equine; if I have not made a decision at that time, the Rescued equine will be available to other parties on a first-come, first-serve basis. If I decide not to pursue the current equine, my approved application remains valid for 60 days from the date of approval.

If my application is approved and I have elected to Rehome the equine, I understand that I will have 7 days to make arrangements to complete my tax-deductible donation to Hidden K Stables Rescue & Rehabilitation and to make arrangements for either maintaining the horse on board at Hidden K Stables if space is available or transporting the horse to the approved facility of my choice. I have the right to petition the Board for a limited extension of this time frame.

By signing this, I affirm that the information contained herein is true and complete to the best of my knowledge. I affirm that I understand that horse ownership is a life-long responsibility, and that I will strive to provide a life-long home to the equine for which I have applied. I attest that I am financially sound enough to pursue and maintain the Rehoming of an at-risk equine. I will strive to maintain this equine in a safe, loving environment and to provide the best care possible.

Applicant Signature: _____

HKS BOD Signature/Name: _____

Date of Receipt: _____

Application Reviewer: _____

Application Review Date: _____

Application Comments:

Supervised Ride Date: _____

Supervising Individual: _____

Ride Comments:

Approval Status & Date: _____