



## Sophia's Oasis for Equines, Inc. (SOFE)

3811 Hance Road, Port Republic, MD 20676

Tel: (410) 610-0430

sofehorses@gmail.com

### Equine Adoption and/or Foster Application

#### Applicant Information:

Please circle each option that applies: **I'm an Adoption Applicant**      **I'm a Foster Applicant**

Name

Mailing Address

City, State, Zip Code

County

Home Phone Number

Work Phone Number

Mobile Phone Number

E-mail Address

All Applicants must be over the age of 18. Are you over the age of 18?    Yes \_\_\_\_\_    No \_\_\_\_\_

Have you ever been charged with or convicted of animal abuse and/or neglect?

Yes \_\_\_\_\_    No \_\_\_\_\_

If Yes, please explain:

#### Equine Related Information:

Do you currently own any equine?    Yes \_\_\_\_\_    No \_\_\_\_\_    If Yes, how many? \_\_\_\_\_

Please give us the date you last vaccinated your equine(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Types of vaccinations your equine(s) received:

Please give us the date you last dewormed your equine(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Which deworming product did you use?

Please give us the date you last had your equine(s) hooves trimmed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you trim them yourself?    Yes      No

If No, please give your farrier's name and phone number:

If you do not own any equine(s), have you owned any in the past and if so how long did you own it for?

Within the last 5 years have you given away or sold any equine(s), if so please explain?

**Within the last 5 years have any equine(s) died while in your care, if so please explain?**

**Describe your experience with horses, handling, caring for horses, foaling, riding, training, showing:**

**\*\*Additional space is for your use in providing explanations to the questions above (in the Equine Related Information Section) of this application:**

**Will the equine adopted/fostered be housed at the address stated on the first page?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If you selected No, please provide the following information:**

<b>Facility Name</b>	
<b>Facility Address</b>	<b>City, State, Zip</b>
<b>Contact Person</b>	<b>Facility Phone Number</b>

**Facility Information:**

**If your adopted/fostered equine will be kept in a barn, please answer the following questions:**

<b>Stall Size</b>	<b>How many hours will equine be turned out?</b>
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**If adopted/fostered equine will be pastured, at any time, please answer the following questions:**

<b>Pasture Size</b>	<b>Number of other equine that will kept in the same pasture</b>
<b>Describe the type and size of shelter in pasture.</b>	<b>Describe the type of fencing that is used for the pasture</b>

**Equine Care Information:**

**Who will be feeding the adopted/fostered equine?**

**Does this person have experience with equines?**

**How often do you plan on feeding the adopted/fostered equine?**

**How often do you plan on deworming the adopted/fostered equine?**

**What type of deworming products do you plan to use?**

**Please provide your farrier's name and phone number. How often do you plan on having a farrier trim and/or shoe the adopted/fostered equine?**

**How often do you plan on taking the adopted/fostered equine to visit a veterinarian?**

**Foster Care Information:** *(For Foster Homes ONLY, if you only want to adopt, skip this section!)*

**I would be able to foster:** *(please circle ALL that apply)*

**Average Horse**

**Pony**

**Miniature Horse**

**Average Donkey**

**Draft Horse**

**Draft Mule**

**Average Mule**

**Miniature Donkey**

**I would be able to foster an equine that fits into the following criteria:** *(please check ALL that apply)*

\_\_\_\_\_ **An equine with health problems**

\_\_\_\_\_ **An equine with training issues**

\_\_\_\_\_ **An equine that is too young to ride** *(5 months to 2 years old)*

\_\_\_\_\_ **An equine that cannot be ridden for any reason**

\_\_\_\_\_ **An older equine** *(25+ years old)*

\_\_\_\_\_ **An equine that is in foal**

\_\_\_\_\_ **An equine that was seized by law enforcement, while waiting a hearing** *(The owner may be awarded custody of the animal by a judge)*

\_\_\_\_\_ **An equine with serious hoof conditions** *(Founder, Laminitis, Navicular, etc.)*

\_\_\_\_\_ **A stallion or a newly gelded equine**

**How many fostered equine could you house on a regular basis?  
In an emergency?**

**Adoption Information:** *(For Adoption ONLY, if you only want to foster, skip this section!)*

**Please list the names of the equine(s) that you are interested in adopting, in order of preference:**

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**What are you planning on using your adopted equine for?**

**How much time, per week, will you spend working with the adopted equine?**

**If the adopted equine is able to be ridden, how often do you plan to ride the equine each week, and for how long do you plan on riding?**

Please list each person's name, their age, height, weight and riding level (1=no experience to 10=very experienced) of every person that will be riding the adopted equine:

### Reference Information

**Veterinary Reference Name**

**Phone Number**

**Please check which applies:**

**Address**

\_\_\_\_\_ **This is my current vet. # Years used** \_\_\_\_\_

**City, State, Zip Code**

\_\_\_\_\_ **This is the vet I plan on using.**

**Personal Reference #1 Name**

**Phone Number**

**Address**

**City, State, Zip Code**

**Personal Reference #2 Name**

**Phone Number**

**Address**

**City, State, Zip Code**

I understand that by filling out and signing this application, I am applying to adopt and/or foster an equine from Sophia's Oasis for Equines, Inc. (SOFE) I also understand that my application must be approved before be allowed to adopt/foster an equine from SOFE, Inc. I also understand that my application may be denied for any reason and I may not be able to adopt and/or foster an equine from SOFE, Inc.

I also agree and understand that the information provided in this application may be used to request background checks, including criminal records to verify personal information.

By signing this application, I am stating that all information provided is true and I understand that there may be consequences to providing faulty information.

**Applicant's Name (Printed)**

**Date**

**Applicant's Signature (Application is VOID without signature)**

**Please note: A complete application includes this application, \$25.00 non- refundable application fee, 3 completed Personal Reference Forms/Letter, A Veterinary Reference Form/Letter, and photos of the facility where the horse will be kept. If any of these documents are missing our staff will not be able to complete the approval process! Please make sure you have all documentation when submitting your application. Thank you!**

*You may return this application to our main organization:*

**Sophia's Oasis for Equines, Inc.**

**3811 Hance Road**

**Port Republic, MD 20676**

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**Additional Space for Information is needed:**