

Dear Adopter,

Thank you for contacting us about your next horse! If you are interested in obtaining a horse or pony through Suffolk SPCA please read through the Adoption Agreement carefully. This is designed to protect the horses so Suffolk SPCA is assured of his/her proper care and location.

Once approved, we will notify you of your status. Transport costs of the horse will be the adopters' responsibility.

Please complete and return the attached forms. The waiting time can be as little as a few days, to a week, or longer after we verify and approve your application. Once you complete the application, keep a copy for your reference and send the original to us.

Please take note of the sample Veterinarian's Annual Check Up. This is a form we will send to you each year. Your veterinarian is required to fill out and return this to us after visiting for inoculations. It is our way of ensuring each of our placements is happy and well.

We look forward to working with you!

**Suffolk County SPCA**

Suffolk County S.P.C.A.  
363 Route 111 - Suite 5  
Smithtown, NY 11787

(631) 382-7722 office  
(631) 382-4042 fax

**[www.suffolkspca.org](http://www.suffolkspca.org)**

**Not affiliated with the ASPCA**

**Suffolk County SPCA  
Adoption Application**  
363 Route 111 - Suite 5  
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Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License/State Issued: \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Adopter's employer or company name (if self employed):  
\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Adopter's profession: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_

Number of years with employer: \_\_\_\_\_

Work fax number: \_\_\_\_\_

Work e-mail: \_\_\_\_\_

Adopter's gross income per year: \_\_\_\_\_

**Preferences:**

**Name of the horse you are applying for (if known):** \_\_\_\_\_

1. Sex: Gelding Mare

Age of Horse: No Preference 3-7 8-10 11-13 14-16 16+

Color: No Preference Bay (more readily available)  
Other Color: \_\_\_\_\_

Breed: Thoroughbred Quarter Horse Warmblood  
Arabian Other: \_\_\_\_\_

Size: No Preference under 14 hands 14-15 hands 15-16 hands  
16-17 hands 17+

Bone Structure: No Preference Small Medium Large

**Adopter's Riding Experience:**

2. Your height & weight: \_\_\_\_ft. \_\_\_\_lbs.

Height and weight of other person/people who will be riding:

\_\_\_\_ft. \_\_\_\_lbs. \_\_\_\_ft. \_\_\_\_lbs.

3. Are you (check one) \_\_\_\_an experienced rider; \_\_\_\_somewhat experienced;  
\_\_\_\_limited in experience; or \_\_\_\_an inexperienced rider?

How long have you been riding horses? \_ \_\_\_\_\_

4. Use of the horse:

\_\_\_\_ Dressage \_\_\_\_ Jumping \_\_\_\_ Western  
\_\_\_\_ Trails/Pleasure \_\_\_\_ Lesson program \_\_\_\_ Youth program  
\_\_\_\_ Handicap program \_\_\_\_ Companion \_\_\_\_ Other

Please explain Other:

\_\_\_\_\_  
\_\_\_\_\_

How many times per week will the horse be ridden? \_\_\_\_\_

5. Please check all of the following that apply:

\_\_\_\_ I am experienced and intend to ride and train by myself.  
\_\_\_\_ I would like to hire my own trainer or instructor.  
\_\_\_\_ I would like to hire a trainer or instructor, but do not  
know of any.

6. How long have you taken lessons with a professional instructor? \_\_\_\_\_

If you use a trainer or instructor, or plan to use a trainer or instructor, please provide their name and contact information:

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

7. Have you been involved with organized horse groups?  
Yes No If so, which one(s)?

\_\_\_\_\_

**Responsibility for Care:**

8. Have you ever been responsible for the care of a horse or pony before? Yes No  
If yes, how long ago and under what circumstances?

\_\_\_\_\_  
\_\_\_\_\_

If you haven't owned a horse in some time, will you be enlisting the help of an equine professional to work with you about care?  Yes  No

9. Please list any other large animals you now have, the type & their names:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

10. Will the horse be boarded on your property? Yes No

If no, provide the name, address and phone number where you will board and have the barn owner/manager fill out the attached **Boarding Addendum**. Skip questions 13 - 15

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

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

City/State/Zip: \_\_\_\_\_

11. Describe the stall or cover the horse will have:

\_\_\_\_\_  
\_\_\_\_\_

12. What type of fencing does the facility have? (Please include size of turn-out area)

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13. How many hours will the horse be turned out each day? \_\_\_\_\_

14. Specifically, who will be responsible for daily care?

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Is this person: \_\_\_experienced; \_\_\_somewhat experienced; or \_\_\_inexperienced in the care of horses?

If care is to be provided by persons who are not adults, please list their names, ages, and the name of the person who will be supervising them:

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15. What type of hay will the horse be fed? \_\_\_\_\_

How much each day? \_\_\_\_\_

What type of grain will you provide? \_\_\_\_\_

How many times per day? \_\_\_\_\_

How is your grain stored? \_\_\_\_\_

Do/will you provide clean water for your horses 24 hours per day? Yes No What is your water source? \_\_\_\_\_

16. What is your de-worming plan? How often? What type of wormer?

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17. How often will/do you have your farrier trim or shoe?

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18. How often will/do you have your horse's teeth floated?

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19. In the event you become incapacitated or unable to care for the horse, who will be responsible for the horses' care?

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**Knowledge of basic horse care:**

List the signs of colic:

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What would you do if you notice these signs?

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If your horse is received in less than ideal weight or condition, what you would use to improve his body weight?

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For what reasons would you call your vet?

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What are some of the causes of sudden lameness and how would you handle them?

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What is founder and what would be the first clue it is occurring?

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What would you do?

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How long should you wait after feeding to ride? \_\_\_\_\_

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How long should you wait after riding to feed? \_\_\_\_\_

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**Applicant References**

The Suffolk County SPCA requires references (please do not use immediate family members). To expedite the approval process, you may have your references fill out the attached **Reference Form** and fax or email it to us.

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

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

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

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

Phone number: \_\_\_\_\_

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

**Horse-related reference**

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

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

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

**Work-related reference**

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

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

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

**Civic-related reference**

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

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

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

**Directions to your farm or stable from the nearest major road or highway:**

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Suffolk SPCA. requires pictures of the shelter and turn-out area where you intend to keep your horse whether this is at your farm or another facility. We would also like pictures of any other animals you own now. These pictures will be returned promptly if you include a self-addressed envelope. Better yet, e-mail us digital pictures that we can keep with your file! We will also require an in person inspection of the site.



## **Reference Check Form**

For your convenience this Reference Check can be mailed or faxed.

**Reference check for:** \_\_\_\_\_ (adopter's full name)

Your name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

How long have you known the applicant adopter? \_\_\_\_\_ (years) \_\_\_\_\_(months)

**Check all statements that apply to your relationship with the applicant adopter:**

- I see the adopter in a social/professional/horse environment (circle one)  
A. Daily B. Weekly C. Monthly D. Occasionally
- I've seen the adopter feed, train, handle, ride, drive or perform health care on his/her horse
- I consider the adopter a close friend
- I consider the adopter a professional acquaintance
- I can attest to the emotional and professional stability of the adopter
- I know this person always provides regular vet care, worming, farrier and dental work done for his/her horse
- I am the applicant adopter's vet/farrier/trainer and know he/she pays all bills in a timely manner.
- I can attest to the fact the applicant adopter has the understanding, training and desire to care for, train and give an adopted horse a healthy productive life for many years to come.
- I am a civic or work reference and cannot directly attest to the applicant adopter's horse abilities, but can attest to the fact he/she is honest, financially, emotionally and personally stable, and is a caring person who loves horses and has the desire to care for the adoptive horse for many years to come.

Additional comments about the potential adopter:

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By signing this form, you attest that these statements are true and factual to the best of your ability and you are not related to the adopter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Boarding Addendum**

Please have this form filled out and signed by the boarding facility manager/owner if the adoptive horse will be boarded. It can be mailed or faxed back to BITS.

### **Boarding Facility's Address**

Name of the Farm/Stable: \_\_\_\_\_

Name of Farm Owner: \_\_\_\_\_

Name of Barn Manager: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Barn Phone: \_\_\_\_\_

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

Directions to the farm from the nearest main road:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **General Information**

How many horses live at this facility? \_\_\_\_\_ What are their sexes (circle all that apply)? mares geldings stallions

What is the main use of the horses boarded at this facility?

\_\_\_\_\_

What is the maximum number of horses allowed at the facility? \_\_\_\_\_

### **Food and Water**

What type of hay are the horses fed? \_\_\_\_\_

How much each day? \_\_\_\_\_ How many times per day? \_\_\_\_\_

What type of grain will you provide? \_\_\_\_\_

How many times per day? \_\_\_\_\_

Do you provide clean water for your horses 24 hours per day?

Yes No What is your water source? \_\_\_\_\_

**Barn/Run In/Covered Shed**

Do you have a barn? Yes No

Will the horse have a stall of its own? Yes No

What are the dimensions? \_\_\_\_ x \_\_\_\_

Are horses brought into the barn during inclement weather? Yes No

If you do have a barn, do you have run-in sheds? Yes No

What are the dimensions? \_\_\_\_ x \_\_\_\_

**Paddocks/Pasture/Turn Out Facilities**

How many acres of turn out do you have? \_\_\_\_\_

What type of pasture do you have (e.g., grass, no grass)? \_\_\_\_\_

How many separate paddocks do you have on the property? \_\_\_\_\_

What are the sizes of the paddocks? \_\_\_\_\_

How are the horses turned out? Together or Separately

If together, how many horses are turned out together at one time? \_\_\_\_\_

What type of fencing do you have? \_\_\_\_\_

**Barn/Stable Veterinarian**

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

**Barn/Stable Farrier**

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

Do you understand that Suffolk County will not pay any past due bills of adoption horses and that as a facility manager you must notify Suffolk County SPCA if the adopter fails to pay board on time? Yes No

Do you understand that ownership of the adopted horse remains with Suffolk County SPCA, and no lien can ever be put on a Suffolk County SPCA adopted horse for non payment of board or any service you provide? Yes No

Do you understand the adopter can not sell or transfer their horse to another person without Suffolk County SPCA knowledge and written permission? Yes No

Do you understand adopters cannot change the horse's location without prior approval from Suffolk County SPCA.? Yes No

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Signature of boarding facility manager/owner

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Print Name

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Date

**SUFFOLK COUNTY SPCA**  
**Veterinarian Annual Check Up**

**Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Date Horse was visited/seen:** \_\_\_\_\_

**Reason for visit:** \_\_\_\_\_

**Comments regarding the horse's over-all condition:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vet's Signature:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Telephone number** \_\_\_\_\_

**Please mail or fax to:**

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