

# Lipizzan Rescue Foundation



Tel: (800) 991-0952

[SaveOurLips@gmail.com](mailto:SaveOurLips@gmail.com)

[www.LipizzanRescueFoundation.org](http://www.LipizzanRescueFoundation.org)

## Equine Adoption and/or Foster Application

### Applicant Information:

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

Name

Mailing Address

City, State, Zip Code

Country

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 equines? 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 wormed 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 provide 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 when and for how long?

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:**

**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 have turn 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 be 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 worming the adopted/fostered equine?**

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

**How often do you plan on providing veterinary care for the adopted/fostered equine?**

**Foster Care Information:**

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

**Purebred Lipizzan      Partbred Lipizzan      Mare      Gelding      Stallion**

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 4 years old)*
- An equine that can not 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 for 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 the person's name, their age, height, weight and riding level (1=no experience to 10=very experienced) for every person that will be riding the adopted equine:

**Reference Information:** *(You are responsible for notifying all three of the references to expect contact from the Lipizzan Rescue Foundation. The following information is for our records so that we can match applications and reference forms together if they are faxed, mailed, or e-mailed separately.)*

**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 the Lipizzan Rescue Foundation. I also understand that my application must be approved before I will be allowed to adopt/foster an equine from the Lipizzan Rescue Foundation. 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 the Lipizzan Rescue Foundation.

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: This is your first step in the application process. This application will be kept on file and reviewed as new Lipizzans become available. You will be contacted when a possible match is found. Adopters with applications on file are first to know about available horses. At that time the LRF volunteer team will contact you to confirm your personal and Vet reference information. Our team will then contact those references directly. At that time, we will also verify that you have provided photos of the facility where the equine will be kept. If any of these items are missing our staff will not be able to complete the Approval Process! Please make sure you have provided as much information as possible when submitting your Application. Thank you!**

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

**Lipizzan Rescue Foundation**

**Las Vegas, NV 89143**

**Tel: (800) 991-0952**

**E-mail: [SaveOurLips@gmail.com](mailto:SaveOurLips@gmail.com)**

**<http://www.LipizzanRescueFoundation.org>**