# Adoption Matching Form

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>Alternate:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>E-mail:</td>
<td></td>
</tr>
</tbody>
</table>

---

## Horse Preference:

- **Gender:**
  - [ ] Gelding
  - [ ] Mare
  - [ ] Either

- **Build:**
  - [ ] Small
  - [ ] Medium
  - [ ] Stocky
  - [ ] No preference

- **Horse size:**
  - [ ] Under 15hh
  - [ ] Over 15hh
  - [ ] No preference

- **Age:**
  - [ ] 2-5yo
  - [ ] 5-10yo
  - [ ] 10yo +
  - [ ] No preference

- **Intended use:**
  - [ ] Trail/Pleasure
  - [ ] Western Showing
  - [ ] English Showing
  - [ ] Driving
  - [ ] Games
  - [ ] Youth riding
  - [ ] Lesson horse
  - [ ] Hunter/Jumper
  - [ ] Dressage
  - [ ] Therapeutic Horse
  - [ ] Companion/ Pet
  - [ ] No preference

- **Other: _____________________________________________________**

---

## About the Applicant:

- **Riders name:**
  - [ ] Beginner
  - [ ] Limited Experience
  - [ ] Experienced
  - [ ] Very Experienced
  - **Describe:**

- **Experience:**
  - [ ] Has **not** owned/solely cared for a horse before
  - [ ] Has assisted in caring for a horse
  - [ ] Has owned/cared for a horse or horses in the past
  - [ ] Currently owns/cares for a horse or horses
  - **Describe:**

- **Ownership:**
  - [ ] Has not owned/solely cared for a horse before
  - [ ] Has assisted in caring for a horse
  - [ ] Has owned/cared for a horse or horses in the past
  - [ ] Currently owns/cares for a horse or horses
  - [ ] Other: _____________________________________________________
  - **Describe:**

- **Care Team:**
  - [ ] Veterinarian to be used:
  - [ ] I have used previously
  - [ ] I have not used this vet before

  - [ ] Farrier to be used:
  - [ ] I have used previously
  - [ ] I have not used this farrier before

- **Could either be used as a reference?**
  - [ ] Vet
  - [ ] Farrier
  - [ ] Neither

- **Have you ever been investigated for animal cruelty concerns?**
  - [ ] Yes
  - [ ] No
  - **If yes, please explain:**
Facilities:

| Where will this horse be stabled? | ☐ Boarding facility ☐ Friend/relatives property ☐ My own property ☐ Other: ________________________________ |
| Provide address and contact name/number for facility: | |
| Describe the facility: | |
| Type of shelter: | Type of fencing: |
| How many horses will share this property? | How long will horse be turned out each day? |
| Who will be responsible for daily care of the horse? | |

Retraining:

| Experience: | ☐ I am experienced and intend to train the horse myself ☐ I intend to hire a trainer to start the horse ☐ I require assistance finding a trainer ☐ I have a trainer in mind ☐ Other: ________________________________ |
| Trainers info: | |

References:
The BCSHAS requires personal references. Please provide two references other than immediate family members:

| Name: | Phone: |
| Relationship: | Residing city: |

| Name: | Phone: |
| Relationship: | Residing city: |

- I wish to apply to adopt a horse through the BCSHAS and hereby give my permission to contact my references and proceed with the adoption process.
- I am aware that this form does not guarantee an approved adoption – that a process is followed to ensure a suitable match for the applicant and the horse. If suitable, I am aware that there is a non-refundable deposit of $250 to hold the horse for up to 14 days.

Applicant Name: __________________________ Signature: __________________________ Date: __________________________