

PLEASE RETURN TO :
DREAM EQUINE THERAPY CENTER
376 Burns Rd., York, SC 29745 P(803)417-3285
Email: dreamequine08@gmail.com

ADOPTION/FOSTER APPLICATION

NAME OF APPLICANT _____

ADDRESS _____

HOME PHONE _____ CELL _____

WORK PHONE _____ OCCUPATION _____

FAX _____ EMAIL _____

ID: DL# or SS# _____

APPLICANT INFORMATION

Who will be the main caregiver? _____

Describe horse and riding experience _____

How will you use your horse? _____

How many days/week will horse be ridden? _____

Have you owned horses before? _____ How long? _____

Please list details on all horses sold/given away/ or have died in your care in the last 5 yrs _____

List all horses you have now; names, ages, breeds and uses _____

Please list any other animals that you own and their details _____

STABLING INFORMATION

Will horse be stabled at home, boarding facility, leased property? _____

Name of facility _____

Address _____

Phone # _____ Contact _____

Describe horse shelter _____

Size of stall or shelter _____

Type of flooring _____

Type of fencing _____

Size of turnout areas _____

What type of hay and grain are used? _____

How often do you perform the following;

Deworming? _____ What products used? _____

Farrier? _____ Dental care? _____

Vaccines? _____ Type _____

APPLICANT REFERENCES

NAME OF PRESENT EQUINE VET _____

PHONE # _____ CITY _____

NAME OF PRESENT SMALL ANIMAL VET _____

PHONE # _____ CITY _____

NAME OF FARRIER _____

PHONE # _____ CITY _____

NAME AND PHONE # OF TWO PERSONAL REFERENCES

PHOTOS

You may email or mail photos with application

Please provide photos of the following:

Barns and run in sheds

Fencing

Turnout areas

Other horses at Facility

Other animals in your care

ANY OTHER COMMENTS

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF DETC REPRESENTATIVE

DATE

PLEASE INCLUDE \$25.00 APPLICATION DONATION