



Day Dreams Farm Equine Rescue and Rehabilitation, Inc.

A 501 (c) 3 non-profit corporation

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Name of horse interested in adopting: _____

Please fill out the following information:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Are you 18 years of age or older?

(if not, please have a parent or guardian fill out this form): _____

Why are you interested in adopting this horse? _____

What are your intentions for this horse? _____

Do you have the financial means to properly care for this horse now

and in the future? _____

What is your experience with horses?

Have you ever been involved in training horses? _____ If yes, please explain:

Have you ever worked with a horse that has been abused or neglected? _____

If yes, please explain: _____

Will the horse be kept at home or boarded? _____

If kept at home, do you currently have any other horses? _____ Please give a brief description of your other horses: _____

Please add any other relevant information: _____

Are you willing to sign an adoption contract, which includes a no resale clause? _____

Can you provide references, including from your vet and farrier? _____

Please provide pictures of the horses living arrangements

List references here:

Vet Name and Phone Number: _____

Farrier Name and Phone Number: _____

Personal Reference Name and Phone Number: _____

Thank you for your interest in supporting our rescue!