

PLEASE RETURN TO:

Horse Protection Society of North Carolina Inc. 2135 Miller Road, China Grove NC 28023
704-855-2978, hps@horseprotection.org

Horse Protection Society's Equine Application

Name of Applicant: _____ **Age:** _____

Address: _____

City _____ **State** _____ **Zip Code** _____

Home Phone: _____ **Work Phone** _____

E-mail address: _____

Place of Employment: _____

Address: _____

City _____ **State** _____ **Zip Code** _____

APPLICANT PREFERENCE FOR HORSE

Gender: ___ Gelding ___ Mare ___ No Preference

Age of Horse: Please Circle 2 3 4 5 6 7 8 9 10 11 12 13 14 15+ ___ No Preference

Training: ___ English ___ Western ___ No Preference ___ Pasture Mate (not rideable)

Bone Structure ___ Small ___ Medium ___ Large ___ No Preference

Size: ___ Pony ___ 14-15 hands (average) ___ 15-16 hands ___ 16+ ___ No Preference

There is additional space on page 4 to complete answers. Please indicate the question number.

1. Height and weight of the person who will be riding: _____ ft. _____ lbs.
2. Describe your riding experience: _____

3. Use of the horse: ___ Trails/pleasure ___ Shows (list type of classes below) ___ Driving
Other/explain: _____
On the average, how many days per week will this horse be ridden/driver? _____
4. If you plan to use the help of a trainer or friend please provide their name and telephone number:
Name: _____ Phone: _____
5. Have you ever been responsible for the care of a horse or pony before? ___ Yes ___ No If so, how long ago and under what circumstances? _____

6. Please list any other animals you now have and their names: _____

7. Will the horse be boarded on your property? ___ Yes ___ No If not please provide:
Name of boarding facility: _____
Address _____ City _____ State _____ Zip _____
Phone _____ Name of contact person _____
8. Describe the shelter the horse will have: _____

9. What type of fencing encloses the turnout area? (*Please include size of turnout area*) _____

10. How long will the horse be turned out each day? _____
11. Describe the worming program that will be used, what products and when they will be used? _____

12. How often should you have your horses hooves trimmed? _____
13. How often should you have your horse teeth floated? _____
Would you be willing to have an equine dentist care for your new horse's teeth within 2 weeks? ___ Yes ___ No
14. List the signs of colic: _____

What measures would you take if this occurred: _____

15. If your horse is received in less than fleshy condition, describe the steps/schedule you would use to improve his body weight: _____

16. If your horse is received with poor muscle tone, describe the steps/schedule you would use to improve muscle tone: _____

17. How would you introduce a new horse to his environment and pasture mates? _____

18. For what reasons would you call the vet? _____

19. Describe the area/situation in which you would feed two or more horses turned out together: _____

20. If you feed two or more horses in one paddock and one is losing weight, what might be the reason and what would you do? _____

21. What would be the first clues indicating founder? _____

What would you do? _____

List the causes of founder: _____

APPLICANT REFERENCES
(Please do not use immediate family members)

Name of your equine vet: _____ Phone: _____

Address: _____

_____ How long have you used this vet? _____

Name of your small animal vet: _____ Phone: _____

Address: _____

_____ How long have you used this vet? _____

Name of your farrier: _____ Phone: _____

Address: _____

_____ How Long have you used this farrier? _____

Personal Reference: _____ Phone: _____

Address: _____

How long have you known this person? _____ In what capacity? _____

Neighbor we can contact if we are unable to reach you: _____

Address: _____ Phone: _____

(I hereby give my permission for information to be released to the Horse Protection Society)

It is helpful to know where you have heard about HPS: Publication: _____

___ Friend ___ Internet ___ Other: _____

Please include VHS VIDEO of: your barn and/or run-in-shed; the inside of the stalls; your turnout; including fencing and water provisions; your hay and grain storage areas; and other animals currently in your care .

The following guidelines are presented in order to provide a realistic estimate of the **Monthly** maintenance costs associated with horse ownership in this area.

Monthly Costs	COST AT HOME	BOARDING
Feed: AN AVERAGE COST FOR BOARDING AT A STABLE IS:	*	\$150-\$600
GRAIN: <i>Horses should be in fleshy condition.</i>	\$18-\$48	*
HAY: <i>Horses require approximately 1 plus bales per day:</i> <i>Cost from \$2.50 - \$5.00 per bale.</i>	\$77-\$155	*
HOOF CARE: <i>Must be performed every 6-8 weeks.</i>	\$20-\$95	\$20-\$95
WORMING: <i>Required every 6-8 weeks. Average cost.</i>	\$10	\$10
VETERINARY CARE: INOCULATIONS: <i>(\$100-\$200 per year).</i>	\$9-\$18	\$9-\$18
DENTISTRY: <i>Teeth should be floated yearly: (\$25/\$85).</i>	\$2-\$18	\$2-\$18
EQUINE DENTIST: <i>Every 3-5 years (\$150/\$200 per visit).</i>	\$4-\$5	\$4-\$5
TOTAL AVERAGE MONTHLY COST:	\$140 - \$349	\$195 - \$746

While it is difficult to predict the extent to which emergency veterinary care will be needed throughout the year, some allowances should be made for this in budgeting for annual horse care.

Additional space to answer questions. Attach a separate sheet of paper if needed.

Describe what you believe is the ideal horse for you. Attach a separate sheet of paper if needed.

Sign Here! _____ *Signature of applicant (Must be at least 18 years of age)* _____ *Date*

Check List: ___ Answered all questions on the application? ___ Signed and dated the application?
___ Included VHS Video of the new home area? ___ Included the \$15 application fee?