## MidAtlantic Horse Rescue



A 501©3 non profit organization **PO Box 407, Chesapeake City, MD 21915** • 302-376-7297 www.MidAtlanticHorseRescue.org

## **Adoption Application**

Name of Adopter						
Address						
City, State, Zip						
Home/Cell Phone						
Work Phone						
Email Address						
Name of Horse Color Sex Gelding Year Foaled	 Mare					
Tettee#						
Tattoo# Papers Yes						
Intended Use for Hors	se					
Brief description of ex	sperience of Adopter					
					<del> </del>	<del></del>
Will horse be boarded Name, address, and p		ion wh	ere hor	se will be ke <sub>l</sub>	pt	
Approximate number Will this horse be kep Stall Fi	•				<b>n</b>	
				=		
Will this horse receive Approximate size of p	_					
Type of fencing  Name and phone num	her of veterinarian			<del></del>		
Name and phone num						
Will you be working w		Yes		No		
Name and Phone num		103		110		
Signed	By:				Date:	· · · · · · · · · · · · · · · · · · ·
Applicant	F	Print Na	me			