



Adoption Application

Virginia Equine Welfare Society
Box 90, Studley VA 23162 • www.virginiaequinewelfare.org

Please return your completed application to
vewshorses@gmail.com

PLEASE NOTE THAT ALL FIELDS ARE REQUIRED.

Contact Information

| | |
|---------------------|--|
| Name | |
| Street Address | |
| City/State/ZIP Code | |
| Home Phone | |
| Cell Phone | |
| E-Mail Address | |

Employer Information

| | |
|---------------------|--|
| Name | |
| Street Address | |
| City/State/ZIP Code | |
| Office Phone | |

General Information

| |
|---|
| 1. Have you owned/cared for horses before? |
| 2. Do you currently own equines? If so, how many? |
| 3. Please describe the vaccination schedule for your current equine(s) (if applicable). |
| 4. Please describe the farrier schedule for your current equine(s) (if applicable). |
| 5. How many years' experience do you have caring for horses? |
| 6. Can you comfortably cover all expenses needed to adequately maintain an additional horse, including proper feed/hay/veterinary expenses? |
| 7. Do you currently own or rent your property? |

8. Will you be boarding your horse or keeping it at your property? If boarding, what facility?

9. If you are interested in a particular horse, please give his/her name:

10. Describe the type of horse you are looking for to fit your needs

11. Describe your property setup for horses (i.e. pasture size, barn, fencing, run-in, water source) *NOTE: Barbed wire fencing is not permitted*

12. Describe your experience with horses (i.e. care, training, riding experience)

13. What level of experience do you consider yourself regarding horse handling?

14. What level of experience do you consider yourself regarding horseback riding?

15. What level of experience do you consider yourself regarding horse training?

16. How did you hear about VEWS?

Veterinary Reference

| | |
|---------------------|--|
| Name | |
| Street Address | |
| City/State/ZIP Code | |
| Office Phone | |

Farrier Reference

| | |
|---------------------|--|
| Name | |
| Street Address | |
| City/State/ZIP Code | |
| Office Phone | |

Other Personal Reference

| | |
|---------------------|--|
| Name | |
| Street Address | |
| City/State/ZIP Code | |
| Office Phone | |

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an adopter, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

| | |
|--------------|--|
| Name (print) | |
| Signature | |
| Name (print) | |
| Signature | |
| Date | |

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application & for your interest in adopting a VEWS horse.

Please return your completed application to vevshorses@gmail.com