



Adoption Application

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

Please return your completed application to
VEWSadopt@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 VEWSadopt@gmail.com