



PO Box 6461, Santa Rosa, Calif. 95401
707.570.7050 www.somonachangeprogram.com

Adoption Questionnaire

Thank you for your interest in our rescued horses. In order to be considered for an adoption of one or more of our horses, you must:

- Be 21 years of age
• Have a valid ID with current address and provide contact information
• Demonstrate financial stability in the form of employment or funds
• Demonstrate a good working knowledge of horse handling and husbandry
• Agree to the terms and conditions of the Sonoma County CHANGE Program Adoption Agreement

Please understand that the Sonoma County CHANGE Program must approve your application and that this application is not a guarantee that your adoption request will be granted. We attempt to place horses in the best possible situation to suit their specific needs. If we do not find that a particular horse is suitable for you, it is not because we feel that you are a bad horseperson. Our ultimate goal is to match horse and human with the horses needs placed first and foremost.

Please provide the following information:

Name:
Address:
City: State: Zip:
Home Phone:
Work Phone:
Cell Phone:
Email:
DOB:
Height: Weight:
Occupation:
Place of Employment if applicable:
Length of time with current employer:
Monthly income:

NAME OR NAMES OF THE CHANGE PROGRAM HORSE(S) THAT INTEREST YOU:

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Please feel free to attach additional pages if needed to complete your answers.

1. Why are you interested in adopting a horse?

2. In order to better understand your background with horses, we'd like to know more about the horses you have owned over the course of your life. Please list all of the horses you have owned, including their use, years of ownership, and what ultimately happened to them. Please use an additional sheet of paper if necessary. If you have never owned a horse, please skip and go to Question 3.

Total number of horses I have owned: \_\_\_\_\_

#1 Horse's name: \_\_\_\_\_

Breed/use: \_\_\_\_\_

Year acquired: \_\_\_\_\_

# of years owned: \_\_\_\_\_

What became of this horse? (sold/gave away/died/still own, etc):

#2 Horse's name: \_\_\_\_\_

Breed/use: \_\_\_\_\_

Year acquired: \_\_\_\_\_

# of years owned: \_\_\_\_\_

What became of this horse? (sold/gave away/died/still own, etc):

#3 Horse's name: \_\_\_\_\_

Breed/use: \_\_\_\_\_

Year acquired: \_\_\_\_\_

# of years owned: \_\_\_\_\_

What became of this horse? (sold/gave away/died/still own, etc):

3. How many years have you worked directly with horses? \_\_\_\_\_

Please describe your experiences:

4. What are your intended uses for this horse? \_\_\_\_\_

\_\_\_\_\_

5. How much time per day do you plan on spending with this horse? \_\_\_\_\_

\_\_\_\_\_

6. If you cannot see the horse every day, how many days per week can you commit to seeing the horse?

\_\_\_\_\_

7. If the horse is rideable, how often each week and for how long do you plan on riding it? \_\_\_\_\_

\_\_\_\_\_

8. Do you plan on using this horse for commercial purposes? \_\_\_\_\_ YES \_\_\_\_\_ NO

9. Please outline your idea of ROUTINE ANNUAL VETERINARY CARE:

(Other than emergencies, under what circumstances do you plan on seeing the vet on a yearly basis?)

10. How often will you have the farrier come and trim the hooves and/or shoe your horse? \_\_\_\_\_

\_\_\_\_\_

11. How often do you plan on deworming the horse? \_\_\_\_\_

\_\_\_\_\_

12. How often will you groom the horse and pick out its hooves? \_\_\_\_\_

\_\_\_\_\_

13. Do you believe in blanketing horses? \_\_\_\_\_ YES \_\_\_\_\_ NO

14. Do you use fly masks? \_\_\_\_\_ YES \_\_\_\_\_ NO

15. Name of your veterinarian: \_\_\_\_\_

16. Name of your farrier: \_\_\_\_\_

17. Are you planning on boarding the horse at a boarding stable? (If YES, please disregard Question 18)

\_\_\_\_\_

a. If yes, please provide the name and location of the stable: \_\_\_\_\_

\_\_\_\_\_

b. What is the monthly board rate? \_\_\_\_\_

c. How many times per week does the stable clean stalls? \_\_\_\_\_

d. How many times per day does the stable feed? \_\_\_\_\_

18. Are you planning on keeping the horse at your home or at a friend's home? (Please specify which if applicable): \_\_\_\_\_

a. If you are keeping the horse at a friend's, please provide their name and address:

\_\_\_\_\_

\_\_\_\_\_

b. If you are keeping the horse at home or at a friend's:

How many times per day do you plan on feeding? \_\_\_\_\_

How much food do you plan on feeding? \_\_\_\_\_

What type of food do you plan on feeding? \_\_\_\_\_

What supplements (if any) do you plan on giving? \_\_\_\_\_

How many times per week do you plan on cleaning the stall / paddock? \_\_\_\_\_

Do you plan on blanketing? \_\_\_\_\_ If yes, how long will the blanket remain on at one time?

\_\_\_\_\_

19. Please describe the housing situation(s) that will be provided for the horse:

During the day: STALL Paddock PASTURE OTHER \_\_\_\_\_

During the night: STALL Paddock PASTURE OTHER \_\_\_\_\_

a. Please specify the approximate size of *each* housing situation that the horse will be in, and how many hours per day the horse will spend in each housing situation.

20. Please describe the type of shelter that the horse will have access to:

21. If in a paddock or pasture, how many other horses will be turned out in the same space?

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22. How many horses do you currently own? \_\_\_\_\_ If applicable, please tell us about them, (unless you have previously done so in Question 2):

23. If you own other horses, are they boarded in a public boarding stable or at home? \_\_\_\_\_

a. If they are in a public boarding stable, please specify name and location: \_\_\_\_\_

24. If you were to adopt a rideable horse from the CHANGE Program, what would you do if the horse could no longer be ridden?

25. Speaking hypothetically, how would you react if your adopted CHANGE horse incurred a \$500.00 veterinary bill two weeks after you adopted it?

26. Would you allow CHANGE Program representatives to conduct a site visit at your intended place for housing this horse? \_\_\_\_\_ YES \_\_\_\_\_ NO

26b. Are you willing to allow CHANGE to conduct a yearly, scheduled follow-up check of your adopted horse? \_\_\_\_\_ YES \_\_\_\_\_ NO

27. Are you prepared to own the horse for the rest of its life? \_\_\_\_\_ YES \_\_\_\_\_ NO

28. It may take your new horse several months to adjust to you and to its new home, especially if other horses are involved. Are you prepared to allow this much time?

29. Do you work with a trainer? \_\_\_\_\_ YES \_\_\_\_\_ NO If YES, who? \_\_\_\_\_

30. Do you belong to any horse organizations, clubs? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, please describe:

31. Do you possess any horse related certificates (i.e. training, Pony Club or other certification, college degree, etc.) \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, please list them:

32. Please provide **names and telephone numbers** of 3 references who are knowledgeable about your horse skills and management abilities. Your veterinarian and farrier should be included in these references. Please also list your trainer and friends who are familiar with your horse-related skills

1. VETERINARIAN: \_\_\_\_\_

2. FARRIER: \_\_\_\_\_

3. TRAINER: \_\_\_\_\_

4. OTHER: \_\_\_\_\_

5. OTHER: \_\_\_\_\_

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a horse even after the adoption should any of the information be false.

I authorize investigation of all statements on this application. I understand that this application is property of the Sonoma County CHANGE Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed applications may be returned to:  
EMAIL: [director@sonomachangeprogram.com](mailto:director@sonomachangeprogram.com)

MAIL: CHANGE Program, PO Box 6461, Santa Rosa CA 95401

Questions? Contact: [director@sonomachangeprogram.com](mailto:director@sonomachangeprogram.com) or 707-570-7050.