

Hooves of Promise – Application

		Applicant Infor	mation		
Full Name:			D	Date:	
	Last	First	M.I.		
Address:					
Address.	Street Address	_		Apartment/Unit #	
	City		State	ZIP Code	
	City		State	ZIF Code	
Phone:		Emai			
1	do agree to	allow Hooves of Promis	o to drop in and chack on	(with a 24	
	e). I also agree to send update		-	•	
	dical attention I will not hesitat	•	ext year and it at any time		
necus me		e to can the vet.			
If at any tir	me I, decide	e to sell	I will notify Hooves Of Pro	mise and allow them to	
_	st in finding an approved hom				
	efund any adoption fee until s				
Hooves Of	f Promise agrees to assist (no	t pay for, but help in any	way we are able) in any unfo	oreseen financial	
hardships	in regards to the health and w	elfare of	If you should pass a	away unexpectedly	
	will be returned to	Hooves of Promise unti	l a new home is found	(please initial)	
		Question	S		
What exper horses?	ience do you have with				
How many I	horses do you own?				
	or rent pasture/corral?	(Please als	o attach pictures of pasture /	corral.)	
a horse?	e to financially provide for				
Address wh	ere horse will be kept.				
Address wii	ere norse will be kept.				
		References & Signature	gnatures		
Please list	three personal references:				
Veterinary	Reference:				
Signed on t	his day, 2019 E	SY:	(Parent/ Guardian)	
	Promise / Danyea Logan-Your			,	
I IOOVES OF F	Tombe / Danyea Logan-Your	19		<u></u>	