



New Start Racehorse Adoption Application

New Start
1541 Mumma Rd
Harrisburg, PA 17112

Phone: 717.645.6615
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info@newstartforhorses.com

All persons wishing to adopt a horse from New Start are required to provide the following information. All adopters must be 21 years old or older and financially able to provide the proper care for the adopted horse.

Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____ Cell

Phone: _____ - _____ - _____ email: _____

Have you read the "Adoption Agreement / Conditional Bill of Sale" and agree to the terms and rules governing adoptions from New Start? _____

Financial Information

Do you realize it costs over \$3,000 a year to properly care for a thoroughbred horse? _____ Are you financially able to care for this horse? _____

Where do you work? _____

Is your annual income over \$25,000? _____

If under \$25,000, will someone help you pay for the care of this horse? Please explain: _____

Horse Experience

How many years have you been involved with horses? _____

Have you owned a horse before? _____

Do you currently own a horse? _____

What style of riding do you practice? _____

Do you have experience riding green horses? _____

Have you ever trained an "off the track" thoroughbred? _____

What riding discipline do you intend to participate in with this horse? _____

What qualities are you looking for in a horse? Size ____ Sex ____ Age ____ Color ____ Temperament ____

What is your age? _____ Height _____ Weight _____

How would you rate your riding ability? Beginner _____ Intermediate _____ Advanced _____

Do you have a trainer? ____ If yes, please provide name and contact information

Boarding Facility Information

Will you be caring for this horse yourself or will you board it? _____

If boarding, please provide name, address and phone number of the stable

Have you stabled horses at this facility before? _____

Will the manager or the owner of the stable be willing to sign our "Boarding Agreement" which states that they will contact us if you are late paying a bill or not properly caring for the horse? _____

What is the monthly boarding fee? \$ _____ What does fee include? _____

Are you or the boarding facility willing to feed the necessary amount of feed to maintain a Thoroughbred? (20 to 25 pounds of quality hay plus 8 to 12 pounds of grain a day) _____

What type of hay and grain will be fed? _____

If caring for the horse yourself, what do you anticipate paying a month for feed? \$ _____

Will the horse have a stall or run-in shed? _____

Please provide exact dimensions _____

Will your horse be turned out in a pasture or a paddock? _____

Please give size _____

How many horses will your horse be turned out with? _____

What type of fencing surrounds the pasture / paddock? Explain in detail (type of material, number of rails, height, etc) _____

Reference Info

Please provide the name and contact information of the veterinarian or clinic you will be using. The vet must recognize you or your boarding facility as a current client.

Name: _____

Address: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Please provide as references the names and contact information of two non-family members who are experienced with horses and one professional horseman, all of whom are aware of your horse experience and facility
