



*Saffyre Sanctuary, Inc.*  
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Federal Tax ID #27-0333811

## “Interested in Adoption” Application

The details in this Application will help us select a horse that might be a good match for you. If we do not have the right horse, please answer below if we may share this application with other rescues and sanctuaries to see if they do. If they believe they have a horse that fits, you will be contacted and receive information about the horse. This does not guarantee adoption.

**\*(Please answer this search area question)\***

- No, I only want an equine from your organization
- Yes: *If yes, please indicate one of the following:*
- Only within [Type here] hours’ driving distance
  - All organizations within a network of California rescues and sanctuaries
  - California network rescues and sanctuaries as well as contacts in nearby states

Each rescue and sanctuary has their own adoption agreement and steps to adoption. Remember that you will need to meet the horse in person before an adoption is completed. We do not certify, inspect, guarantee, or warranty other rescues and sanctuaries or their horses. We share this information in the hopes that a horse in need will find a loving, caring home.

Please take the time and do your own work to make sure that the horse and the organization are a good fit for you and meet *your* requirements. It is good to ask questions, carefully read the adoption agreement, learn about the organization, and spend time with the horse. A pre-purchase exam by your veterinarian is always recommended.

Your Contact Information		
NAME <small>[Type here]</small>	ADDRESS <small>[Type here]</small>	
EMAIL <small>[Type here]</small>	PHONE <small>[Type here]</small>	APPLICANTS MUST BE 18 YRS OR OLDER <b>Are you 18 years or older?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
WILL YOU HAVE A CO-ADOPTER? <input type="checkbox"/> No <input type="checkbox"/> Yes: Reason for co-adoption: <small>[Type here]</small>		
CO-ADOPTER NAME <small>[Type here]</small>	CO-ADOPTER ADDRESS <small>[Type here]</small>	
CO-ADOPTER EMAIL <small>[Type here]</small>	CO-ADOPTER PHONE <small>[Type here]</small>	CO-ADOPTER RELATIONSHIP AND ARRANGEMENT <small>[Type here]</small>
REASON FOR ADOPTING <small>[Type here]</small>		

## Your Equine Preferences & Goals

<input type="checkbox"/> <b>Horse</b> <input type="checkbox"/> <b>Donkey</b> <input type="checkbox"/> <b>Mule</b> <input type="checkbox"/> <b>Miniature Horse</b>				
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Either	AGE <i>[Type here]</i>	BREED(S) <i>[Type here]</i>	OTHER PREFERENCES <i>[Type here]</i>	DESCRIBE YOUR IDEAL EQUINE <i>[Type here]</i>
DESIRED SKILLS / LEVEL OF EQUINE <input type="checkbox"/> Halter broke <input type="checkbox"/> Started ground training <input type="checkbox"/> Started under saddle <input type="checkbox"/> Rideable <input type="checkbox"/> Kid safe <input type="checkbox"/> Other: <i>[Type here]</i>	WHAT ARE YOUR GOALS FOR YOUR EQUINE? <input type="checkbox"/> Riding <i>(complete next section as well)</i> <input type="checkbox"/> Competition <input type="checkbox"/> For kids <input type="checkbox"/> Lead line with grandkids <input type="checkbox"/> Companion <input type="checkbox"/> Equine-assisted therapy (NOT ridden) <input type="checkbox"/> Therapeutic riding <input type="checkbox"/> Carriage driving <input type="checkbox"/> Other: <i>[Type here]</i>	RIDING PLANS & PREFERENCES Describe the kind of riding you will do: <i>[Type here]</i>  # times per week you expect to ride: <i>[Type here]</i> For how long each ride: <i>[Type here]</i>  Do you love riding fast? <input type="checkbox"/> No <input type="checkbox"/> Yes		ARE YOU WILLING TO HIRE A TRAINER TO:  Help an equine meet your goals? <input type="checkbox"/> No <input type="checkbox"/> Yes  Improve an equine's manners? <input type="checkbox"/> No <input type="checkbox"/> Yes
Would you be willing to consider adopting an equine with special needs or limitations? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Maybe If YES or MAYBE, describe what you WOULD and WOULDN'T accept <i>(example; regular medication, can't canter, has "off" days, etc.):</i> <i>[Type here]</i>				
What are your "deal breakers"? <i>[Type here]</i>				

## Your Equine Experience

Have you owned an equine before?    No    Yes—Which kind(s):    Horse    Donkey    Mule    Mini

Do you own equines now?    No    Yes—How many?   *[Type here]*

If you've never owned an equine, what is your equine interactions / experience?   *[Type here]*

## Your Equine's Environment – Location *(complete one of the three sections below)*

<input type="checkbox"/> <b>1—Boarding Facility</b> <input type="checkbox"/> Spot is open/ being held <input type="checkbox"/> On waiting list—approx. wait time: <i>[Type here]</i>	<input type="checkbox"/> <b>2—Property owned by you</b> <input type="checkbox"/> Same address as application <input type="checkbox"/> Different address <i>(add below)</i> :	<input type="checkbox"/> <b>3—Someone else's property</b> Have they agreed to have an equine on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No—Explain: <i>[Type here]</i>  Does the property meet local regulations for equines? <input type="checkbox"/> Yes <input type="checkbox"/> No— Explain: <i>[Type here]</i>
FACILITY NAME <i>[Type here]</i>	ADDRESS OF YOUR OTHER PROPERTY <i>[Type here]</i>	CONTACT NAME <i>[Type here]</i>
FACILITY ADDRESS <i>[Type here]</i>		PHONE <i>[Type here]</i>
FACILITY CONTACT NAME <i>[Type here]</i>		ADDRESS <i>[Type here]</i>
FACILITY PHONE <i>[Type here]</i>		
How many other equines are kept at the location? <i>[Type here]</i>		

## Your Equine's Companions

**GUIDELINES FOR COMPANIONSHIP**  
 At least one other equine *(horse, donkey, mule, or miniature)* must be present as a companion for any adopted equine. Goats, sheep, and other farm animals **are not considered adequate companions**. Equines must minimally be able to socialize over a fence line.

What companion equines will be present?  
*[Type here]*

Do you affirm that all companion equines are and will be kept in good health, and receive adequate veterinarian, dental, and hoof care?  
 Yes    No—Explain: *[Type here]*

**Additional Information / Questions**

What other information will help us make a good match?

*[Type here]*

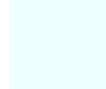
What questions do you have for us?

*[Type here]*

**Certification**

*I certify that all of the Application information above is complete and true. I understand that falsifying information may result in nullifying this Application. If any information in this Application changes during the adoption process, I will notify this initiating organization or the subsequently referred organization(s) immediately.*

**SIGNATURE** (Insert jpeg of signature if possible, or send phone photo of page)



**PRINTED NAME**

*[Type here]*

**DATE**

*[Type here]*