

# Caisson Horse Adoption Application

Date: \_\_\_\_\_ Name of Horse you are interested in: \_\_\_\_\_

**\*Must fill out and submit 1 Application per horse (if you want more than one or multiple)**

**Are you interested in one or more of the horses (circle one): One Two Three**

## **Personal Information**

Name: \_\_\_\_\_ Are you over the age of 18? Yes: \_\_\_ No: \_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Township: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone (or Other): \_\_\_\_\_

How long have you lived at the above address: \_\_\_\_\_

If Less than 5 years:

Please fill in previous address if moved within the last 5 years:

Address: \_\_\_\_\_

City: \_\_\_\_\_ Township: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

How long were you at this address? \_\_\_\_\_

ID #: \_\_\_\_\_ State of issue: \_\_\_\_\_ Type (circle one): Military State drivers Lic.

Address on ID: \_\_\_\_\_

Date of Birth (day/month/year): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Place of employment: \_\_\_\_\_ How Long: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

If Unemployed, or if you are a student, please list the source(s) of income: \_\_\_\_\_

Do you live in a: House: \_\_\_\_\_ Trailer: \_\_\_\_\_ Apartment: \_\_\_\_\_ Other (explain): \_\_\_\_\_

Do you currently: Rent: \_\_\_\_\_ Own: \_\_\_\_\_ Live with Parents: \_\_\_\_\_ Other (explain): \_\_\_\_\_

Landlord / Property Manager's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Do you have transportation for this animal? \_\_\_\_\_

Have you ever been issued a warning / citation, or been convicted for humane violations?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever sold a horse at auction? Yes: \_\_\_\_\_ No: \_\_\_\_\_

What kind of horse are you interested in? \_\_\_\_\_ Mare: \_\_\_\_\_ Gelding: \_\_\_\_\_

Age? \_\_\_\_\_ Breed Preference? \_\_\_\_\_ Range of training: \_\_\_\_\_

Who will be responsible for the animal(s) feeding? \_\_\_\_\_

Training? \_\_\_\_\_ General care? \_\_\_\_\_

If you go on vacation, what would you do with this animal? \_\_\_\_\_

If you had to move, what would you do with this animal? \_\_\_\_\_

If you had to get rid of this particular animal, what would you do? \_\_\_\_\_

How will the animal be kept? Stable: \_\_\_\_\_ Pasture: \_\_\_\_\_ Other: \_\_\_\_\_

What kind of fencing is at the facility? \_\_\_\_\_

How many acres of pasture? \_\_\_\_\_

How much do you anticipate spending yearly for?

Feed? \_\_\_\_\_ Farrier Care? \_\_\_\_\_ Veterinary Care? \_\_\_\_\_ Boarding? \_\_\_\_\_

How often do you think a horse should be?

Wormed? \_\_\_\_\_ Receive Farrier care? \_\_\_\_\_

Have their teeth floated? \_\_\_\_\_ Receive Vaccinations? \_\_\_\_\_

## **EQUESTRIAN FACILITIES**

### **Complete address where horse will be housed:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property owner's name: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Housing Location and Photographs:**

Attach a detailed description and photos of the following locations which the horse will have access to. Be sure to note in the description what access the horse will have to the facilities (i.e. horse will be housed primarily in stall during adverse weather, etc.)

Barns Stalls

Turnout lots

Run-in shelter

Fencing used to contain horse

Food and Water storage

## **HORSES**

### **Discuss your experience with horses.**

Riding:

Handling:

Training:

Working with young or unbroken horses

Working with abused or neglected horses:

Explain your intended use for this animal:

How much time do you plan to spend with this horse? \_\_\_\_\_

What kind of training do you plan for this animal? \_\_\_\_\_

\_\_\_\_\_

Do you have a trainer that you currently or plan to work with? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Trainer's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

If there are problems in training, what help will you seek? \_\_\_\_\_

Do you realize that the horse you adopt may require extensive rehabilitation, including veterinary treatment, and may have pre-existing conditions which could affect it for the rest of its life?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you familiar with the following?

Equine Infectious Anemia: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Potomac Horse Fever: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Eastern, Western, and Venezuelan Encephalomyelitis: \_\_\_\_\_ Yes: \_\_\_\_\_ No: \_\_\_\_\_

Rhinopneumonitis: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Tetanus: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Rabies: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Can you recognize the symptoms of colic? Yes: \_\_\_\_\_ No: \_\_\_\_\_

List the symptoms / signs of colic:

Do you understand the need for regular hoof care? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Farrier: \_\_\_\_\_

Phone: \_\_\_\_\_

Horses have a life expectancy of 30 years or more; Are you willing to accept lifelong responsibility for the horse you adopt? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Briefly explain why you wish to adopt a horse from the United States Army Caisson Platoon:

Would you object to a follow-up visit by a Caisson Platoon staff member? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Indicate any other farm animals you currently. (include quantity)

Donkey: \_\_\_\_\_ Pig: \_\_\_\_\_ Ducks: \_\_\_\_\_ Geese: \_\_\_\_\_ Chickens: \_\_\_\_\_ Horse: \_\_\_\_\_

Peacock/hen: \_\_\_\_\_ Other: \_\_\_\_\_

Please list (2) references **not** including family members:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone \_\_\_\_\_

**Terms of Adoption**

(Initial all spaces)

I understand that this is an adoption and not a sale. \_\_\_\_\_

I understand that I am to provide adequate shelter, clean fresh water, appropriate nutrition and necessary veterinary care to maintain the optimum health of the animal, and abide by all anti-cruelty laws of the state in which it is kept. \_\_\_\_\_

I will provide one acre of pasture for each animal in our care. Any horse must be watched carefully on pasture to avoid foundering. \_\_\_\_\_

I will provide a box stall for stabling this animal. A run in shed may be accepted with w/ TOG Adoption Committee approval. \_\_\_\_\_

I understand that should I no longer be able to keep the animal that I am required to notify the caisson platoon. \_\_\_\_\_

I understand that the caisson platoon is not able to give any guarantees on the health, training, or temperament of this animal \_\_\_\_\_

Unanswered questions, incomplete answers, and/or false information may result in this animal's Adoption Application being denied. The 3d Us Infantry Regiment, Adoption Committee reserves the right to refuse adoptions. \_\_\_\_\_

I certify that the aforementioned information is true and correct to the best of my/our knowledge. \_\_\_\_\_

**The following statements are a release of liability to the United States Army:**

The United States Army is not liable for any illness, injury, or death of animals caused by a Caisson adopted animal.

The United States Army is not liable for any damage done by an adopted animal at any time once the horse is adopted.

The United States Army is not liable for any personal injury that results from, or is in any manner predicated upon, the act or omission of the adopted animal once adopted.

The United States Army reserves the right to deny anyone at any time the right to adopt an animal for any reason.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Secondary Print Name

\_\_\_\_\_  
Signature / Date

\_\_\_\_\_  
Secondary Signature / Date

---

**UNITED STATES ARMY USE ONLY:**

**Board Member Voting:**

<b>Board President</b>	<b>Yes</b>	<b>No</b>
<b>Board Member 2</b>	<b>Yes</b>	<b>No</b>
<b>Board Member 3</b>	<b>Yes</b>	<b>No</b>
<b>Board Member 4</b>	<b>Yes</b>	<b>No</b>
<b>Board Member 5</b>	<b>Yes</b>	<b>No</b>
<b>Board Member 6</b>	<b>Yes</b>	<b>No</b>
<b>Board Member 7</b>	<b>Yes</b>	<b>No</b>

---

**Advised background checks Shelter Name Date / Performed by Result**

---

- 1) **Other shelter checks:** \_\_\_\_\_
  - 2) **Humane Complaint Check:** \_\_\_\_\_
  - 3) **Adoption History Check:** \_\_\_\_\_
  - 4) **Veterinarian Check:** \_\_\_\_\_
  - 5) **Board President Approval / Disapproved**
- Reason for Denial:** \_\_\_\_\_