



**Rainbow Meadows**  
**Equine Rescue and Retirement, Inc.**  
1949 Dalton Road  
Sedan, KS 67361  
Phone: (620) 725-3402

## EQUINE ADOPTION APPLICATION

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of horse you are interested in adopting: \_\_\_\_\_

Please describe your horse management experience – indicate the number of horses you have owned or currently own and the details of your equine care program:

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Location where will the horse be kept: \_\_\_\_\_

Total acreage for horses: \_\_\_\_\_ Do you currently own other horses? \_\_\_\_\_

Please describe the horse pasture fencing: \_\_\_\_\_

Please describe the type of shelter to be used by the horse: \_\_\_\_\_

Please describe the water source for the horse: \_\_\_\_\_

Please describe your feeding program: \_\_\_\_\_

Please provide contact information for your equine veterinarian: \_\_\_\_\_

Please provide contact information for your farrier: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Facility inspection completed by: \_\_\_\_\_

Facility Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Date adoption approved: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Adoption approved by: \_\_\_\_\_ Title \_\_\_\_\_