



# Coachella Valley Mounted Rangers

## d.b.a Coachella Valley Horse Rescue

A California Non-Profit Public Benefit Corporation

PO Box 809

Indio, CA 92202

### ADOPTION AGREEMENT

On \_\_\_\_\_, The Coachella Valley Horse Rescue Organization approved the adoption of \_\_\_\_\_ to \_\_\_\_\_. I, \_\_\_\_\_ donated non-refundable \$\_\_\_\_\_ to the Coachella Valley Horse REscue for the adoption of \_\_\_\_\_. I, \_\_\_\_\_ agree to give \_\_\_\_\_ a loving forever home and agree never to sell him/her or give him/her away. If there are any circumstances under which I, \_\_\_\_\_ cannot keep \_\_\_\_\_ I agree to return \_\_\_\_\_ to the Coachella Valley Horse Rescue Organization.

I, \_\_\_\_\_ agree that the Coachella Valley Horse Rescue Organization has the right to visit \_\_\_\_\_ with a 48 hour notice in advance during the first year of adoption of \_\_\_\_\_.

The Coachella Valley Horse Rescue Organization agrees that if for any reason the adoption does not work out, \_\_\_\_\_ shall be returned to the Coachella Valley Horse Rescue ranch. If anything should happen to \_\_\_\_\_ while in their care, \_\_\_\_\_ agree to be financially responsible for any vet bills for \_\_\_\_\_.

I, \_\_\_\_\_ agree that the above information is correct and I agree to adhere to this agreement,.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Coachella Valley Mounted Rangers d.b.a. Coachella Valley Horse Rescue

P.O. Box 809  
Indio, CA 92202  
Tel: (760) 808-6279  
[www.cvhorserescue.org](http://www.cvhorserescue.org)

## Equine Adoption and/or Foster Application

Applicant Information	
Please circle each option that applies:	I'm an Adoption Applicant                      I'm a Foster Applicant
Name	
Mailing Address	
City, State, Zip	
County	
Home Phone	
Work Phone	
Mobile Phone	
Email	
All Applicants must be over the age of 18. Are you over the age of 18? Yes _____ No _____	
Have you ever been charged with or convicted of animal abuse and/or neglect? Yes _____ No _____ If Yes, please explain:	
Equine Related Information:	
Do you currently own any equine? Yes _____ No _____ If Yes, how many? _____	
Please give us the date you last vaccinated your equine(s): _____ / _____ / _____ Types of vaccinations your equine(s) received:	
Please give us the date you last dewormed your equine(s): _____ / _____ / _____ Which deworming product did you use?	
Please give us the date you last had your equine(s) hooves trimmed: _____ / _____ / _____ Did you trim them yourself? Yes _____ No _____ If No, please give your farrier's name and phone number:	
If you do not own any equine(s), have you owned any in the past and if so, how long did you own it for?	
Within the last 5 years have any equine(s) died while in your care? If yes, please explain	

Describe your experience with handling, caring for, riding, training, showing, and foaling horses:
Will the equine adopted/fostered be housed at the address stated on the first page? Yes _____ No _____ If you selected no, please provide the following information:
Facility Name
Facility Address
City, State, Zip
Contact Person
Facility Phone Number
<b>If your adopted/fostered equine will be kept in a barn, please answer the following questions:</b>
Stall Size How many hours will equine be turned out?
<b>If adopted/fostered equine will be pastured at any time, please answer the following questions:</b>
Pasture Size
Number of other equines that will be kept in the same pasture
Describe the type and size of shelter in the pasture
Describe the type of fencing that is used for the pasture
<b>Equine Care Information:</b>
Who will be feeding the adopted/fostered equine?
Does this person have experience with equines?
How often do you plan on feeding the adopted/fostered equine?
How often do you plan on deworming the adopted/fostered equine?
What type of deworming products do you plan to use?
As a foster facility I assume all responsibility for feed, care, and maintenance of this equine, both financially and physically. Sign: _____ Date: _____
How often do you plan on taking the adopted/fostered equine to visit a veterinarian?

**INITIAL HERE:** \_\_\_\_\_

**Reference Information:** *(You are responsible for getting all three reference forms signed and returned to CV Mounted Rangers. The following information is for our records so that we can match applications and reference forms together if they are faxed, mailed, or e-mailed separately.)*

Veterinary Reference Name:	
Phone Number	Address
City, State, Zip	
Please check which applies: _____ This is my current vet. Number of years used _____ _____ This is the vet I plan on using.	

Personal Reference #1 Name	Phone Number
Address	City, State, Zip

Personal Reference #2 Name	Phone Number
Address	City, State, Zip

<p>I understand that by filling out and signing this application, I am applying to adopt and/or foster an equine from Coachella Valley Mounted Rangers Equine Rescue. I also understand that my application must be approved before I be allowed to adopt/foster an equine from CV Mounted Rangers Equine Rescue. I also understand that my application may be denied for any reason and I may not be able to adopt and/or foster an equine from CV Mounted Rangers Equine Rescue.</p> <p>I also agree and understand that the information provided in this application will be used to request background checks, including criminal records, to verify personal information.</p> <p>By signing this application, I am stating that all information provided is true and I understand there may be consequences to providing faulty information.</p>	
Applicant's Name (Printed)	Date
Applicant's Signature (Application is VOID without a signature)	

**You may return this application to our main organization:**

Coachella Valley Horse Rescue  
[rescuedirector@cvhorserescue.org](mailto:rescuedirector@cvhorserescue.org)  
 P.O. Box 809  
 Indio, CA 92202  
 Tel: (760) 808-6279  
[www.cvhorserescue.org](http://www.cvhorserescue.org)