

NAMASTE EQUINE RESCUE LTD
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ADOPTION APPLICATION

Name: _____ Email Address: _____

Address: _____ City: _____

State/Zip: _____ Phone: (H) _____ (W) _____

Age of person whom animal is for: _____

Number of horses/animals owned (include breed/age): _____

Horse/animal experience: _____

Amount of Acreage/# of Pastures & Paddocks _____

Shelters (please include # of bldg's, types, # of stalls) _____

Type of fencing: _____

Water source: _____

Feed type/storage: _____

Describe horse you wish to adopt: _____

Veterinarian

Name: _____

Phone: _____

Farrier

Name: _____

Phone: _____

OFFICE USE ONLY: Date Received _____