

CENTRAL NEW ENGLAND EQUINE RESCUE, INC.
96 New Braintree Road
West Brookfield, Ma 01585
Tel# 978-621-6717 or 413-265-3270

ADOPTION APPLICATION

OFFER TO ADOPT

NAME_____

FULL ADDRESS_____

PHONE #_____CELL_____

EMAIL ADDRESS_____

EMPLOYER NAME_____

EMPLOYER ADDRESS_____

HOW LONG WITH THIS COMPANY_____WORK HOURS_____

REFERENCES
1._____

TELEPHONE #_____

2._____

TELEPHONE #_____

3._____

TELEPHONE #_____

PLEASE CIRCLE:
I currently own a horse I have never owned a horse
I formerly owned a horse

The equine veterinarian who will care for this animal is:
NAME_____

ADDRESS_____

PHONE #_____CELL_____

ADDRESS WHERE HORSE WILL RESIDE:
NAME OF OWNER_____
STREET ADDRESS_____
TOWN_____STATE_____ZIP CODE_____

THE DAILY FEEDING WILL BE DONE BY_____

DESCRIBE THE FACILITY WHERE HORSE WILL RESIDE (size of stall, turn out situation, feeding schedule, etc.

_____
_____
_____
_____
_____
_____

IF YOU WILL BE BOARDING, HOW MANY MILES FROM YOUR RESIDENCE IS THE FACILITY_____

PLEASE READ THE FOLLOWING CAREFULLY. BY SIGNING IT YOU MAY BE GIVING UP RIGHTS YOU MAY OTHERWISE HAVE.

The Adopter agrees to accept all responsibility for any action or lien resulting from any action directly or indirectly involving Adopted Animal while in the care of the Adopter. There fore Adopter agrees and understands that neither CNEER or its representatives will be liable for any damage or injury caused to Adopter or any third person including but not limited to damages or injuries caused by Adopted Animal. If any third person makes a claim against CNEER as a result of any conduct of the Adopted Animal after Adopter has taken possession of it, the Adopter agrees to indemnify and hold CNEER and any of CNEER's representatives harmless from any such claim, including costs and attorney's fee resulting from such claim.

Adopter Signature:_____Date:_____

Print Name:_____

CNEER Signature:_____Date:_____