

**Off to Greener Pastures
Truman State University
Equine Adoption Application**

The following questionnaire is designed to inform you of the responsibilities of large animal ownership and of adopting a university animal which may have previously been used for research and teaching. It is also intended to assess whether you and the animal you have selected for purchase are compatible.

It is not in the best interest of either you or the animal to adopt a university animal if it leads to added stress rather than happiness. Animal ownership is a long-term commitment. An animal will be totally dependent on you for its daily care for its entire life. **Do not adopt a university animal if you are not prepared for this extra commitment.**

Truman State University will make a reasonable attempt to make sure the animal is up-to-date on vaccines (if relevant), free of internal and external parasites and accurately represent the health of the animal when it leaves Truman. The new owner will be provided with vaccination and deworming records. Once it leaves Truman, the animal will need to have a regular veterinarian in private practice to oversee its health care. You are strongly encouraged to make arrangements to have the animal examined by its new veterinarian as soon as possible after adoption.

Animals will be dispersed through University-approved processes. Individuals wishing to adopt an animal from the University must fill out this questionnaire.

Please check the following boxes once they have been completed and sign below:

☐ I have read and understand the statement at the top of the form.

☐ I will arrange for a veterinarian to become the health professional for this animal.

☐ I understand that in the event that I am selected to adopt this animal, to reduce stress in the first few weeks of ownership it is important to observe this animal as he/she becomes acquainted with a new environment and pasture mates.

☐ I understand that it will be best to introduce other animals slowly and over a two to three week period.

☐ I have asked all questions I may have had up to this point in time.

Signature

Print Name / Date

Please complete the following questionnaire:

Have you ever owned a horse Y/N

☐ Yes

☐ No

If yes, please describe your horse ownership and experience including your level of involvement in the daily care and management of horses (how many years, type of ownership, etc).

In addition, please describe your other experiences working with and around horses (how many years, type of experience, etc)?

What are the arrangements you have made for housing this animal (please explain whether it will be kept on your own property or boarded at another facility, as well as describe the type of housing (pasture, stall, stall with turnout, etc.)?

If boarding this animal, have the caretakers been informed of the horse's planned health maintenance and related care plan?

☐ Yes

☐ No

Please include contact information of boarding facility.

Facility Name:

Facility Address:

Facility Phone Number:

Do you currently own a horse?

☐ Yes

☐ No

If yes, how many?

If yes, are their vaccinations current (as recommended by your veterinarian)?

☐ Yes

☐ No

Please list the type and date of vaccinations given to your current horses over the past year as well as the late date on which the animal was treated with an anthelmintic (dewormer).

Do you have a regular veterinarian and farrier?

☐ Yes

☐ No

List name and contact information of veterinarian (required). (If you do not have a regular veterinarian, please list contact information of a preferred local veterinarian you plan to use.)

Veterinarian Name:

Address:

Phone Number:

If you currently have a farrier, list name and contact information. If you do not have a farrier, please explain your plan for hoof care for your potential horse.

Farrier Name:

Address:

Phone Number:

May we contact your veterinarian as a reference?

☐ Yes

☐ No

Have you ever submitted an animal into an animal shelter or rescue?

☐ Yes

☐ No

If answered yes to the question above, please explain why you submitted the animal into an animal shelter or rescue.

What purpose will this animal serve?

☐ Personal companionship

☐ Child's companion

☐ Athletic competition

☐ Pasture mate for another animal

☐ Other

Is this animal a gift?

☐ Yes

☐ No

Under what circumstances would you not keep this animal?

How did you learn that this animal was available for purchase?

Please include with this questionnaire, a letter detailing your proposed plan for the care of this animal. Include housing arrangements, feeding arrangements, veterinary care, etc.

Evaluation Rubric

Applications will be evaluated using a scoring rubric (pictured below).

OTGP Horse Adoption Application Evaluation Rubric		These items are required of applicants; they should be checked to show completion but do not receive a rubric score												These categories should be scored by each committee member based on the information provided in the Adoption Application							
	Applicant Name	Explanation of prior horse experience	Housing arrangements	Owned a horse prior/experience	Letter detailing proposed plan for care	Currently own a horse or other animal	Health records of current Horses	New Enviro stress observation (Y,N)	Purpose: anything but "athletic comp."	If boarding, includes contact info	Circumstances the animal won't be kept	Have completed & filled out all questions	Name and phone # of vet & farrier	Reason for submitting Animal to shelter facility/housing meet needs of this horse?	Horse experience Level	Quality of Care Plan	Veterinary Reference(Call vet using # given)	Farrier Reference(call using # given)	Rubric Total	Committee member's rank of applicant based on Rubric Score	
	POINTS POSSIBLE													-3-0	10	10	10	5	5	40	
1	APPLICANT 1																				
2	APPLICANT 2																				
3	APPLICANT 3																				
4	APPLICANT 4																				
5	APPLICANT 5																				
6	APPLICANT 6																				
7	APPLICANT 7																				
8	APPLICANT 8																				
9	APPLICANT 9																				
10	APPLICANT 10																				
11	APPLICANT 11																				