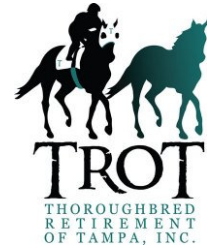


Thoroughbred Retirement of Tampa, Inc.

PO Box 1621
Oldsmar FL 34677-1621

Horse Adoption Application



Thank you for your interest in adopting a retired Thoroughbred from TROT. Our goal is to find the best possible home for our horses. To help us meet that goal, please complete this application to the best of your ability. Your accurate responses will also help us match you with a horse that meets your requirements.

Date: _____

All adopters must be 18 or older and financially and physically able to provide proper care for the adopted horse.

PERSONAL INFORMATION

Name: _____

Age: 18-25 26-30 31-40 41-50 51-60 Over 60

Height: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip: _____

CONTACT INFORMATION

Home#: _____ Cell#: _____ Work#: _____

Email: _____

FINANCIAL INFORMATION

Employer: _____

Total Income: Under \$25,000 \$25,000-\$35,000 \$36,000-\$50,000
 \$51,000-\$75,000 \$76,000-\$100,000 Over \$100,000

Will anyone be helping you pay for the care of the horse? Yes No

If yes, please explain: _____

Are you aware that it costs \$3,500 to \$5,000 a year to care for a horse? Yes No

HORSE EXPERIENCE AND HISTORY

Describe your experience with horses.

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Have you previously owned a horse? Yes No

Do you currently own a horse? Yes No

If you have had horses in the past, please explain what were they used for and why you do not have them now.

What styles of riding do you practice? Be sure to include the number of years.

What breeds have you handled or ridden?

Do you have experience training green horses? Yes No If yes, please explain.

Have you ever trained in off-the-track Thoroughbred? Yes No

Have you ever sold a horse? Yes No

If yes, please explain: _____

YOU AND YOUR POTENTIAL ADOPTED HORSE

Why do you want to adopt an ex-racehorse? _____

Please indicate your preferences.

Gender: Gelding Filly/Mare No Preference

Age: _____ No Preference Height: _____

Color: Bay Chestnut Gray/Roan No Preference

What style and level of riding do you wish to achieve? _____

How often do you want to ride your horse?

Daily 2-3 times a week 3-5 times a week

1-2 times a month Weekends only Seldom

How would you rate your riding ability?

Beginner Intermediate Advanced

Do you have a trainer? Yes No If yes, please provide the trainer's info.

Name: _____ Phone#: _____

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Beside yourself, who else will be riding the horse?

Rider 1 Name: _____ Age: _____
Height: _____ Weight: _____ Riding Ability: _____

Rider 2 Name: _____ Age: _____
Height: _____ Weight: _____ Riding Ability: _____

Rider 3 Name: _____ Age: _____
Height: _____ Weight: _____ Riding Ability: _____

Rider 4 Name: _____ Age: _____
Height: _____ Weight: _____ Riding Ability: _____

What is your overall goal for the horse? _____

When would you like to adopt? _____

BOARDING OR FACILITY INFORMATION

Provide the name, address and phone number of the farm or stable where the horse will stay.

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

Who owns the facility?

Name: _____ Phone#: _____

Do you live at the facility? Yes No

Have you had horses at this facility before? Yes No

Are you, or the boarding facility, willing to feed the 8-12 pounds of grain and $\frac{1}{4}$ - $\frac{1}{2}$ bale of quality hay daily necessary to maintain a Thoroughbred? This amounts to one 50lb bag of feed every 6 days or six bags a month plus 10-15 bales of hay per month.

Yes No

What type of grain and hay will be fed? _____

If you **DO NOT** live at the facility, what is the monthly board fee? _____

What does that fee cover? _____

If you **DO** live at the facility, what do you anticipate paying a month to care for the horse? _____

How many horses are currently at the facility? _____

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Will the horse have a stall or run-in? Stall Run-in Neither

Please provide the exact dimensions: _____

Does the facility have pasture? Yes No

If yes, how many total acres? _____

Are the following available in the pasture? Water troughs Trees Lake/Pond

What type of fencing surrounds the pasture/paddock? Explain in detail (type of material, number of rails, strands, height). Barbed wire is not acceptable.

How many other horses will the horse be turned out with? _____

How many hours a day will the horse be turned out? _____

REFERENCE INFORMATION

Please provide us with your veterinarian's information.

Name: _____ Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____

Please provide us with your farrier's information.

Name: _____ Phone#: _____

Please provide two **NON-FAMILY** references who can testify to your ability to provide and care for a horse.

Name: _____ Phone: _____

Name: _____ Phone: _____

Please save this completed form and email it to us at info@tampatrot.org.
Click on File then Save As and save the PDF file with the following naming convention:
TROT_mm-dd-yyyy_Applicant Name
(ex. TROT_10-13-2011_Jane Jones)

If you cannot save the completed form, print it out and mail it to:

Thoroughbred Retirement of Tampa, Inc.
PO Box 1621
Oldsmar FL 34677-1621

Please include photos or a video of where the horse will be living when you return the completed application to us.