

8257 N Latson Rd, Howell MI 48855 * (517)548-4880 * horseshavenmi@gmail.com

ADOPTION INTEREST SURVEY

Date: Name:			Phone #:		
Email:					
Address:	Height:			State:	
Adopter age:		Weight:			
Did you see a he	orse of interest on o	our website?	If so, name of h	orse:	
	ole for horse (trail, h		• .	- ·	eining, endurance, companion
		-		ginner, advanced be	eginner, intermediate, trainer)
				-	
Do you currentl	y own a horse/hors	es? If s	so, how many?		
Ages/breeds of	current horses:				
Would an adop	ted horse be kept a	t your home or bo	parded?		
If boarded, whe	ere?				
Are you financia	ally prepared to car	e a horse?			
Do you have a t	rainer? If ye	es, trainers name:			
Veterinarian's r	name and contact in	formation:			
Equine Dentist's	s name:				
Farrier:					
Signature:					