

Horse:

Date: \_\_\_/\_\_\_/\_\_\_



*PO Box 30 Epping, NH 03042  
Phone: 203.223.8013 Fax: 978.223.9342  
Luckyslegacy@gmail.com*

*Lucky's Legacy Adoption Application*

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**INSTRUCTIONS FOR COMPLETING THIS APPLICATION**

Please read and complete this entire document carefully and mail, fax, or e-mail to the contact information noted above.

**APPLICATION PROCESSING**

All information and references submitted on this application may be reviewed by our staff and in signing it you are agreeing that all information is accurate and true. Horses will NOT be reserved. In cases where there is more than one request for the same horse and are received at the same time, the decision as to new ownership will be voted on by our Board of Directors. Lucky's Legacy is a non-profit organization providing care, rehabilitation, retirement, and adoption for homeless, abused, and neglected horses as well as those destined for slaughter.

**YOUR INFORMATION:**

Name First and Last:

Email address:

Telephone #:

Cell Phone #:

Address:

Social Security Number:

Driver's License Number and State of Issue:

EMPLOYER INFORMATION:

Employed by:

Title:

Address:

Telephone:

Employer Contact Reference Name and Telephone Number:

**Please circle.** I currently own a: horse / donkey/ other (Please describe, age, breed, etc..)

I have / have not owned a horse / donkey/ other (provide details)

The type of Fencing or stall which will be provided is (including size):

The horse will be kept at this address: Boarding or Residence? (Circle one please)

\_\_\_\_\_

Telephone: \_\_\_\_\_ Business hours: \_\_\_\_\_

The daily feeding will be done by \_\_\_\_\_.

The boarding facility is \_\_\_\_\_miles from my residence.

What discipline of riding or driving do you wish to pursue with your new horse?

Please tell us about your experience and skills as a horseperson:

REFERENCES: (Please list at least 2 references not related to you that can attest to your skill with horses)

1. Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The farrier who will care for this animal is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The equine veterinarian who will care for this animal is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_