



**HORSE RESCUE**  
Non-profit

### ADOPTION FORM

Bit O' Luck Equine Rescue  
A \$30 application processing fee should be sent with this application.  
If emailing the application the fee should be sent to Bit O' Luck Equine Rescue,  
P.O. Box 2752, Huntersville, NC 28070, along with a signed copy of the form.  
Email the form to will@bitoluck.org

**OFFER TO ADOPT:** (SPECIFIC description of type of horse desired or name of horse):

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

Email Address: \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employed by: \_\_\_\_\_

Position: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ How long with this Company? \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

REFERENCES: (Full Name, Address, Phone #)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

The name of the equine veterinarian who will care for this animal is: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

The name of the farrier that will care for this animal is: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**YOU MUST PROVIDE PHOTOS OF THE ENTIRE FACILITY and STALL or PASTURE WHERE THIS HORSE WILL LIVE!!**  
I will board this animal at below residence

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Manager Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Local Police Contact # \_\_\_\_\_ Local Humane Society or SPCA # \_\_\_\_\_