



## DTHR Membership, Adoption and Foster Application

P.O. Box 250191\*Montgomery, AL 36125-0191\*Phone: 334-284-2122\*Emergency: 334-430-1333

**Contact Information for:**      Membership     Foster     Adoption

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work/Cell Phone	
Fax	
E-Mail Address	
Date of Birth (optional over 18)	
Heard about DTHR from:	

**Choose Membership Type**    New \_\_\_\_\_    Renewal \_\_\_\_\_

\_\_\_ Youth Membership

Any person who is younger than 18 years of age may become a Youth Member with parental consent. Annual dues for Youth Members shall be \$20 per year. Youth Members will not be eligible to serve as an officer or director of DTHR.

\_\_\_ Individual Membership

Any person older than 18 years of age shall be eligible to be an Individual Member. Annual dues for Individual Members shall be \$25 per year.

\_\_\_ Contributing Membership

Annual dues for a Contributing Members shall be \$75 per year. Contributing Members shall receive a certificate of membership.

\_\_\_ Sponsoring Membership

Annual dues for Sponsoring Members shall be \$125 per year. Sponsoring members shall receive a certificate of members, shall be listed on the Corporation's website and shall receive free listings in the DTHR newsletter.

\_\_\_ Lifetime Membership

Dues for a Lifetime Membership shall be a one time payment of \$1,500 for either individuals or families. Lifetime Members shall receive a certificate of members, shall be listed on DTHR's website, shall receive free listings in the DTHR newsletter and receive a gift of DTHR merchandise.

\_\_\_ Organizational Membership

Annual dues for an Organizational Membership are \$100 per year. The organization will receive one copy of the newsletter. Individual members of that organization may join for a reduced rate of \$15/person.

## Membership Directory

DTHR maintains a membership directory with members' names, phone numbers, work numbers, email address, and location in order to help keep members in touch when help is needed for DTHR

\_\_\_ Yes, include all information as stated above in the Membership Directory

\_\_\_ Yes, include information in the Membership Directory with the exception of: (please state):

\_\_\_\_\_

\_\_\_ No, I do not wish to have my information included in the Membership Directory

## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work/Cell Phone	
E-Mail Address	

## Horse related information

Who will be financially responsible for the horse(s)? \_\_\_\_\_

Who will care for the horse(s)? \_\_\_\_\_

How many horses do you currently own? Age/Sex \_\_\_\_\_

What do you use them for? \_\_\_\_\_

How long have you had them? \_\_\_\_\_

How often and what do you feed? \_\_\_\_\_

Who is your Veterinarian? \_\_\_\_\_

Phone # \_\_\_\_\_

Who is your Farrier? \_\_\_\_\_  
Phone# \_\_\_\_\_

Who do you plan to do with this horse? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age of Rider? \_\_\_\_\_

- Experience of Rider?
- Beginner, new around horses, walk only
  - Novice, walk and trot
  - Intermediate, riding in all gates, can handle minor horse problems
  - Experienced, can handle horses in various environments and situations
  - Professional, can train green horses, handle difficult horses
- Horse knowledge of care giver
- Beginner, no knowledge
  - Novice, recognizes signs of illness
  - Intermediate, able to treat minor wounds
  - Experienced, able to treat major wounds, knows first aid
  - Professional, trained in horse care and/or treatments

What type of riding do you plan on doing with your adoption horse? \_\_\_\_\_

- Have you had horses in the past?
- Yes, explain where they are now and why: \_\_\_\_\_
  - No

### Your Facility

Physical address where horse is kept. \_\_\_\_\_

- Private
- Boarding Stable, Managers name and Phone # (only for Adoptions)

\_\_\_\_\_

What shelter will be provided? \_\_\_\_\_

Barn turn-out information:	YES	NO
Barn	<input type="checkbox"/>	<input type="checkbox"/>
Stall	<input type="checkbox"/> Size	<input type="checkbox"/>
Paddock	<input type="checkbox"/> Size	<input type="checkbox"/>
Pasture	<input type="checkbox"/> Size	<input type="checkbox"/>
Private Pasture	<input type="checkbox"/>	<input type="checkbox"/>

Type of shelter for Horses in pasture? \_\_\_\_\_

How many Horses are in a group / sex?

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Water source

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Type of fencing?

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How many other horses are on property?

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How is the turn-out arranged?

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**Medical:**

How often will the horse be wormed?

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What vaccinations are given and when?

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How often will the horse get shod?

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Will the horse's teeth be floated, if yes, how often, by whom?

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Why do you want to adopt/foster a horse?

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Are you financially able to provide Farrier, Veterinarian, Emergency care etc?

 Yes No

Have you or a family member ever been accused, issued, a warning, citation, or been convicted of any crime including animal cruelty, neglect, abuse or abandonment or for humane violations?

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Yes, explain:

No

Have you ever sold an animal at auction?  Yes, explain type of animal and why

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No

**Additional Comments**

Example: Type of Horse / Color / Age / Soundness

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**2 Personal References**

Name
Street Address
City ST ZIP Code
Phone
Relationship
Name
Street Address
City ST ZIP Code
Phone
Relationship

**Our Policy**

It is the policy of DTHR to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in becoming a member with us.

**Warning**

Under Alabama law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to the Equine Activities Liability Protection Act.

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I have read, understand, and agree to adhere to the statements outlined herein. I have read and understood Membership, Foster and Adoption policies.

Name (printed)	
Signature	
Date	