A logo with yellow letters and a person holding a hat

Description automatically generated

**Hopton Rehab & Homing Centre Application Form**

**Applicants’ details:**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Address |  |
| Contact Number |  |
| Email Address |  |

**Preferred requirements of horse to be rehomed:**

|  |  |
| --- | --- |
| Height | Min \_\_\_\_\_hh - Max \_\_\_\_\_hh |
| Age | Min \_\_\_\_\_ - Max \_\_\_\_\_\_ |
| Type – Eg. Cob, TB |  |
| Sex (Please Circle) | Gelding Mare Either |

**What do you expect to use the horse for? (Please tick)**

|  |  |
| --- | --- |
| Light Hacking |  |
| Fun Rides |  |
| Show Jumping |  |
| Hunting |  |
| Eventing |  |
| Dressage |  |
| Riding Club Activities |  |
| Showing |  |
| Companion |  |
| Other (Please Specify) |  |

**Please provide details of your experience (eg. How long you have been riding, owned horses, competitions etc.)**

**Where will the horse be kept?**

**What facilities will you provide? (Please tick)**

|  |  |
| --- | --- |
| Stabling |  |
| Grazing |  |
| Fencing |  |
| Arena |  |
| Show-Jumps |  |
| X County / Gallops |  |
| Hacking |  |

**Please provide details on your worming program:**

**Please provide name, address and telephone number of the following:**

**Vet:** **Farrier:**

Name –

Address –

Telephone number -

Name –

Address –

Telephone number -

**Any other professionals eg. Physio, Coach/Trainer**

Name –

Address –

Telephone number -

**Please provide the name and address of two qualified persons who can provide references:**

**Reference 1: Reference 2:**

Name –

Address –

Telephone number -

Name –

Address –

Telephone number -

**COMPANION ONLY**

**A horse rehomed as a companion ONLY must NOT be ridden under any circumstances by any persons at any time during the term loan agreement.**

**Please email application form to enquiries@hoptonrehabhoming.org**