



Maker's Mark Secretariat Center Adoption Application

The undersigned acknowledges that this is only an application and does not convey any right to adoption of any MMSC equine. The undersigned recognizes that the MMSC has sole discretion in confirming or denying any adoption application and that, even if an adopter is approved for consideration, that approval does not convey a right to adopt a particular animal. The MMSC has the right to approve or deny any applicant's request to adopt any equine for any reason.

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Employer (if applicable): _____

If applicant is a minor, name of legal guardian: _____

Please answer the following questions fully. Additional sheets may be attached if supplementary information is necessary.

1. Please describe the riding experience of the applicant, including years of riding, date of last riding lesson (if applicable), showing experience, training experience, past or present horse ownership experience:

2. Please give your riding level:

Beginner Advanced Beginner Intermediate Advanced Intermediate

Advanced Trainer

3. Please state whether you currently work with a riding instructor or trainer and provide the name and address of such individual if applicable:

4089 Ironworks Parkway, Lexington, KY 40511

859-246-3080 (office) 859-246-3082 (fax)

www.thoroughbredadoption.com

TRF is a tax-exempt foundation. Gifts are tax deductible.



4. Where will you keep your horse, including rental property, owned property, boarding facility, other. A photograph of the field in which the horse will reside and the barn in which the horse will be stabled must be attached. The physical address of the facility or property must also be provided:

5. Please state whether an individual other than the applicant will be responsible, in whole or in part, for expenses incurred during horse ownership. If your answer is in the affirmative, please give the full name, address and contact information for each such individual:

6. Please describe the type of horse you are seeking so that we can add you to internal search lists for adoptable animals:

- Equine age:
- Equine height:
- Color preference:
- Gender:
- Intended use:

7. Reference: please provide the following references, including current address and telephone number:

1. Equine Specialist (trainer, coach, instructor, knowledgeable acquaintance):
2. Veterinarian:
3. Non-family character reference:

By signing this form, prospective adopter grants the MMSC, its agents and employees, the right to do internet searches, physical facility visits, check with named references or use other information to determine whether to approve the signor. Once approved, an adopter is added to the MMSC list and may request consideration for adoption of any MMSC equine. Such an approval as an adopter does not convey any right to adopt a particular horse.

APPLICANT

DATE



PERSONAL REFERENCE LETTER

To be completed by adopter/foster applicant:

Name: _____

Address: _____

Phone: _____

To be completed by an employer or personal friend:

Name: _____

Address: _____

Phone: _____

How long have you worked with or known the applicant?: _____

How would you describe this person's personality?

If you know, please describe your impression of the care and condition of the animals the applicant currently owns:

Is this person responsible?:

Do you think the applicant would make a good foster or adoptive home for a horse from the Maker's Mark Secretariat Center? Why or why not?

Signature

Date

Thank you for taking the time to complete this form!



EQUINE PROFESSIONAL REFERENCE LETTER

To be completed by adopter/foster applicant:

Name: _____

Address: _____

Phone: _____

To be completed by equine professional:

Name: _____

Address: _____

Phone: _____

How long have you worked with or known the applicant?: _____

If you have not previously worked with the applicant's animals, after speaking with the applicant do you agree to work with any equine he/she may adopt or foster from The Maker's Mark Secretariat Center? Please explain your answer.

Please describe the work you have done for the applicant's animals:

Describe your impression of the care and condition of the animals the applicant currently owns:

Do you think the applicant would make a good foster or adoptive home for a horse from the Maker's Mark Secretariat Center? Why or why not?

Signature

Date

Thank you for taking the time to complete this form!

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VETERINARIAN REFERENCE LETTER

To be completed by adopter/foster applicant:

Name: _____

Address: _____

Phone: _____

To be completed by veterinarian:

Name: _____

Address: _____

Phone: _____

How long have you been treating the applicant's animals?: _____

If you have not previously worked with the applicant's animals, after speaking with the applicant do you agree to treat any equine he/she may adopt or foster from The Maker's Mark Secretariat Center? Please explain your answer.

Does the applicant keep his/her animals current on their vaccinations and other health care?:

Describe your impression of the care and condition of the animals the applicant currently owns:

Do you think the applicant would make a good foster or adoptive home for a horse from the Maker's Mark Secretariat Center? Why or why not?

Signature

Date

Thank you for taking the time to complete this form!