



Privacy Act Data Cover Sheet

To be used on
all documents
containing personal
information

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Privacy Act Data Cover Sheet

Caisson Horse Adoption Application

Date: _____ Name of horse you are interested in: _____

Personal Information

Name: _____

Address: _____

City: _____ Township: _____

State: _____ Zip: _____ County: _____

Home Phone: _____ Work Phone (or Other): _____

How long have you lived at the above address: _____

E-mail Address: _____

Place of employment: _____ How Long: _____

Supervisor's Name: _____ Contact Number: _____

If Unemployed, or if you are a student, please list the source(s) of income: _____

Do you have transportation for this animal? _____

Have you ever been issued a warning / citation, or been convicted for humane violations?

Yes: ☐ No: ☐

Have you ever sold a horse at auction? Yes: ☐ No: ☐

Who will be responsible for the animal(s) feeding? _____

Training? _____ General care? _____

If you had to move, what would you do with this animal? _____

If you had to get rid of this particular animal, what would you do? _____

How will the animal be kept? Stable: ☐ Pasture: ☐ Other: _____

What kind of fencing is at the facility? _____

How many acres? _____

How much do you anticipate spending yearly for?

Feed? _____ Farrier Care? _____ Veterinary Care? _____ Boarding? _____

How often do you think a horse should be?

Wormed? _____ Receive Farrier care? _____

Have their teeth floated? _____ Receive Vaccinations? _____

EQUESTRIAN FACILITIES

Complete address where horse will be housed:

Address: _____

City: _____ State: _____ Zip: _____

Property owner's name : _____

Phone: _____

Housing Location and Photographs:

Attach a detailed description and photos of the following locations. Be sure to note in the description what access the horse will have to the facilities.

Barns			
Stalls			
Turnout lots			
Run-in shelter			
Fencing used to contain horse			
Food and Water storage			

HORSES

Discuss your experience with horses.

Riding:

Handling:

Training:

Working with older or medically unsound horses:

Explain your intended use for this animal:

How much time do you plan to spend with this horse? _____

What kind of training do you plan for this animal? _____

Do you have a trainer that you currently or plan to work with? Yes: ☐ No: ☐

Trainer's Name: _____ Phone: _____

If there are problems in training, what help will you seek? _____

Are you aware that the horse you adopt may require extensive rehabilitation, including veterinary treatment, and may have pre-existing conditions which could affect it for the rest of its life?

Yes: ☐ No: ☐

Are you familiar with the following?

Equine Infectious Anemia: Yes: ☐ No: ☐

Potomac Horse Fever: Yes: ☐ No: ☐

Eastern, Western and Venezuelan Encephalomyelitis: ☐ Yes: ☐ No:

Rhinopneumonitis: Yes: ☐ No: ☐

Tetanus: Yes: ☐ No: ☐

Rabies: Yes: ☐ No: ☐

Can you recognize the symptoms of colic? Yes: ☐ No: ☐

Do you understand the need for regular hoof care? Yes: ☐ No: ☐

Name of Veterinarian: _____

Phone: _____

Name of Farrier: _____

Phone: _____

Horses have a life expectancy of 30 years or more; Are you willing to accept lifelong responsibility for the horse you adopt? Yes: ☐ No: ☐

Briefly explain why you wish to adopt a horse from the United States Army North Caisson Section

Would you object to a follow-up visit by a Caisson Section staff member? Yes: ☐ No: ☐

Indicate any other farm animals you currently own.

Donkey: ☐ Pig: ☐ Ducks: ☐ Geese: ☐ Chickens: ☐ Horse: ☐

Peacock/hen: ☐ Other: ☐

Please list (2) references **not** including family members:

Name: _____

Relation: _____ Phone: _____

Name: _____

Relation: _____ Phone _____

Please add any additional information pertaining to your adoption application

Terms of Adoption

(Initial all spaces)

I understand that this is an adoption and not a sale. ____

I understand that I am to provide adequate shelter, clean fresh water, appropriate nutrition and necessary veterinary care to maintain the optimum health of the animal, and abide by all anti-cruelty laws of the state in which it is kept. ____

I will provide one acre of pasture for each animal in our care. Any horse must be watched carefully on pasture to avoid foundering. ____

I will provide a box stall for stabling this animal. A run in shed may be accepted with Adoption Committee approval. ____

I understand that should I no longer be able to keep the animal that I am required to notify the caisson section. ____

I understand that the caisson section is not able to give any guarantees on the health, training, or temperament of this animal. ____

Unanswered questions, incomplete answers, and/or false information may result in this animal's Adoption Application being denied. ____

The MEDCoE, Adoption Committee reserves the right to refuse adoptions to any person/party at any time, for any reason. ____

I certify that the aforementioned information is true and correct to the best of my/our knowledge. ____

The following statements are a release of liability to the United States Army:

The United States Army will not be liable for any illness, injury, or death of animals caused by a Caisson adopted animal.

The United States Army will not be liable for any damage done by an adopted animal at any time once the horse is adopted.

The United States Army will not be liable for any personal injury that results from, or is in any manner predicated upon, the act or omission of the adopted animal once adopted.

Print Name

Secondary Print Name

Signature / Date

Secondary Signature / Date

UNITED STATES ARMY USE ONLY:

Board Member Voting:

Board President	Yes	No
Board Member 2	Yes	No
Board Member 3	Yes	No
Board Member 4	Yes	No
Board Member 5	Yes	No

Advised Background checks	Shelter Name	Date / Performed by	Result
----------------------------------	---------------------	----------------------------	---------------

- | | | | |
|--|-------|-------|-------|
| 1) Other shelter checks: | _____ | _____ | _____ |
| 2) Humane Complaint Check: | _____ | _____ | _____ |
| 3) Adoption History Check: | _____ | _____ | _____ |
| 4) Veterinarian Check: | _____ | _____ | _____ |
| 5) Board President Approval / Disapproved | | | |
| Reason for Denial: | _____ | | |