



Angels for Minis Adoption Application

www.AngelsForMinis.com

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ (cell) _____ (w) _____

E-Mail Address: _____

Please answer the following questions and return application to “Angels for Mini’s”

1. Have you previously owned a miniature horse? _____

If so, when? _____

What happened to your miniature horse(s)? _____

2. Who will be responsible for the care and wellbeing of your miniature horse? _____

3. What is your level of experience with the miniature horse? _____

4. Do you plan on Breeding, showing, or just enjoying your minis as a pet? _____

5. Where will the horse be living? _____

Address: _____

Describe the paddock or shelter: _____

Fencing? _____

6. Would you adopt a mini with physical limitations as a companion horse? _____

Please read below:

I understand that the history of a rescue Miniature horse is usually not available. And I agree to assume the risk of adopting the horse.

All statements made on the above application are true. I understand all adoptions are subject to Board approval. If at any time I choose to not own the miniature horse, I will return him/her to Angels for Minis.

Date: _____

Date: _____

Applicant's Name

Board Approval

Horse(s) Adopted: _____

NOTES: _____
