



APPLICATION FORM

Name

Any other name in use

Address

Postcode:

Email

Telephone

Mobile

Age

Height

Weight

Relevant Qualifications
(if any)

Preferred requirements of horse to be rehomed:

Height (min) hh (max) hh

Age (min) (max)

Type (eg. TB, Cob etc. please describe)

Sex (please circle)

Gelding

Mare

Either

What do you expect to use the horse for? (please circle)

Light hacking

Fun Rides

Hunting

Show Jumping

Eventing

Dressage

01-01-20

Hopton Rehab & Homing Centre Registered Charity No. 1173847
12 Brooklands Park, Craven Arms, Shropshire. SY7 9RL
Email: enquiries @hoptonrehabhoming.org



Riding Club Activities

Showing

Companion

Other (please specify)

--

Please provide details of your experience (e.g. how long you have been riding, owned horses, competitions, etc.)

--

Where will the horse be kept?

Address

--

Postcode:

Name of yard (if livery)

--

Name of Owner(s)

--

Email

--

Telephone

--

What facilities will you provide? (please circle)

Stabling

Grazing

Fencing

Arena

Show-jumps

X Country/Gallops

Who will have day to day care of the horse?

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Please provide details of your worming programme?

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01-01-20



Please provide name, address and telephone number of:

Vet:

Name:
Address:
Telephone:

Farrier

Name:
Address:
Telephone:

Any other
professionals
e.g. Physio

Name:
Address:
Telephone:

Coach/Trainer

Name:
Address:
Telephone:

Please provide the name and address of 2 qualified persons who can provide references?

1.

2.

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 the loan agreement.

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