



PERSONAL PONIES, LIMITED APPLICATION FORM

Applicant Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Directions to the nearest interstate highway from your residence: _____

How did you hear about the Personal Ponies organization? _____

Have you visited our web site? Please do so. Our aim is to be informative and charming. We like to think that we succeeded. (www.personalponies.org and www.personalponies-ma.org). Comments: _____

Please explain your interest in the organization. _____

Please tell us a little about you and your family. _____

Do you have experience with equines? Horses? Ponies? Please explain briefly if you do. _____

If not, who do you have to help you (your network; please explain briefly)? _____

Do you currently own horses or ponies? Yes No If yes, please describe. _____

If you were to receive a Personal Pony, would it be kept on your property? Yes No

Explain your situation please. Include in your description: shelter, acreage, fencing, water supply, proximity to your house, trees, and any other pertinent information.

Are you zoned for livestock? Yes No

Do you currently have, or will you acquaint yourself with a local qualified veterinarian and a capable farrier? Yes No

Please give their name, address, and telephone numbers.

Veterinarian: _____

Farrier: _____

Are you familiar with the treatment of common illnesses or injuries to equines? Yes No

Do you agree that should a Personal Pony be placed in your care you are financially responsible for all veterinary and farrier services, feed, hay, daily supplies, and daily care?

Yes No

That you must consult with your veterinarian and your farrier to determine schedules for farrier services on a regular basis (we recommend every eight weeks) and current required yearly shots, teeth floating, deworming (every eight weeks), sheath cleaning for geldings/stallions, and other required services, if any, for the pony(ies) in your care?

Yes No

If a pony in your care is severely ill and/or injured, do you agree to call for professional help and do you agree to inform your Community or State Director as soon as possible?

Yes No

If it is deemed necessary by your veterinarian that the pony is to be euthanized, there must be a death certificate issued with cause of death stated, if possible, and signed by your veterinarian. Should a Personal Pony in your care require euthanizing, you are responsible for any fees encumbered. You are not responsible for any financial return to the PPL organization for the worth of the pony, if you have done all in your power to be a good caretaker.

It is a requirement of the Personal Ponies organization that each November a health form is to be sent to your State Director. It is to be an up-to-date medical record of the pony(ies) in your care. Failure to attend to this requirement can result in the pony being removed.

Do you agree that if a PPL pony is placed in your care, that pony is never transferred or sold? We understand an emergency may arise. Contact your State Director as soon as possible if you require temporary housing for your pony or should your life situation change, you are required to contact your PPL representative and ask for assistance in making the necessary changes needed for the pony to be placed elsewhere. Yes No

Please include in this application the following: A few recent photos of your farm/facility/house/pasture/paddock area, in addition to photos you are willing to share with us of you, your family, pets, etc. Please include in this space any questions you have and any additional information you would like us to have. _____

We welcome you to the Personal Ponies organization. We are pleased to meet you! We hope you are pleased to have found us.

Include the names of two references please:

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Please complete and return this form to your State Director:

Gineane M. Haberlin
Haberlin's Hope Farm
663 Townsend Road
Groton, MA 01450
978-448-0695
statedirector@personalponies-ma.org

