



# Personal Ponies

updated 12\_18\_2015

## APPLICATION FOR PONIES

*Please submit \$150 application fee to your regional or state director, check should be made out to Personal Ponies Ltd. Use the back or attachments if more space is needed. If application is not approved, fee will be refunded*

Date of application \_\_\_\_\_

Applicant Name (or center/school/etc) \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Directions to the nearest interstate highway from where the ponies will reside:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Personal Ponies organization?

\_\_\_\_\_

Have you visited our web site? ( ) YES ( ) NO

If not, please do so. We welcome questions and feedback.

([www.personalponies.org](http://www.personalponies.org)).

1. If you have an existing program, please tell us about it. How long have you been in existence, any certifications, certifications of employees/volunteers, etc? If you are starting up a program explain your ideas and plans for use of our ponies.

How do you plan to integrate them into your current program?

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\_\_\_\_\_  
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2. Do you or someone that works in your organization have experience with Horses? \_\_\_ Ponies? \_\_\_ Please explain briefly.

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3. Who will be the primary caretakers for our ponies and what is their equine experience?

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4. Are you willing to partner w/ PPL by distributing information available on our website about Personal Ponies Ltd (brochures, handouts), hang PPL banners, mutually connect websites and jointly promote PPL's program of making special ponies available for community service?

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5. Do you currently own horses or ponies? \_\_\_ Yes \_\_\_ No If yes, please describe. Please send pics of your horses/ponies.

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6. Please describe the facilities where the ponies will be kept. Include description and pictures of the shelter, acreage, fencing, water supply, trees, and any other pertinent information. We will attempt to do a site visit if at all possible. However pics may have to be used for final decision.

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7. Are you zoned for livestock? ( ) YES ( ) NO

8. Do you currently carry insurance for your equine activities? Please describe:  
Proof of coverage may be requested. Are you willing to add your PPL ponies to  
your current insurance?

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NOTE: Personal Ponies LLT will not be responsible or liable for any injuries,  
accidents or damages related in any way to use of our ponies. A signed liability  
/release form will be required if application is accepted

9. Please give the name, address, and telephone numbers of the veterinarian and  
farrier you intend to use to care for the ponies. By doing so, and by your signature on  
this application, you grant permission for your vet to release any/all medical  
information concerning ponies placed in your care, to a Personal Ponies  
representative.

Veterinarian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Farrier's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Equine Dentist- if different from Vet: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_



10. Are you familiar with common illnesses or injuries that relate to equines?

(    ) YES            (    ) NO

Briefly describe some experiences: \_\_\_\_\_

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11. Do you agree that should pony(ies) be placed in your program that you or \_\_\_\_\_ (name your program) is financially responsible for all expenses related to the ponies including but not necessarily limited to veterinary and farrier services, feed, hay, daily supplies, daily care and any transportation?

(    ) YES    (    ) NO

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12. How will you fund your pony care/costs and program? Please explain.

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\* If you need help calculating possible annual costs see attached pony care form at [www.personalponies.org](http://www.personalponies.org) and submit with this form.

13. Do you agree to keep regular appointments with the farrier (every six to eight weeks or as needed), the vet for locally required vaccination and de-worming as well as for the yearly health visit, and vet recommended dental care

(    ) YES    (    ) NO

14. 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 you State/Regional Director or Personal Ponies contact as soon as possible?    (    ) YES    (    ) NO

15. If it is deemed necessary by your veterinarian that a pony 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 be euthanized, you are responsible for any fees encumbered. You are not responsible for any financial return to Personal Ponies Ltd. for the worth of the pony, if you have provided appropriate care, involved a vet immediately and reported the situation immediately to Personal Ponies.

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16. It is a requirement of Personal Ponies Ltd that a health form be submitted to your State/Regional Director by June 1 of every year. The form for your yearly health report is found on our website and is to be signed by your local veterinarian. Submission should include pics of ponies from left & right. Failure to submit these forms can result in the removal of your pony (ies).

Additional possible conditions for removal of ponies:

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- If your care is not in keeping with the “lease” contract you sign when you receive your ponies, and/or the guidelines posted on our website.
  - Continued or ongoing refusal to respond to questions or communications from Personal Ponies representatives.
  - Substantiated and ongoing complaints re the ponies from local/state officials regarding pony care, poor containment or general nuisance situations
  - Behavior unbecoming to Personal Pony Values or reputation
  - Refusal to comply with Personal Ponies financial or record keeping requirements
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17. Do you understand and agree to the above conditions for removal?

(    ) YES                      (    ) NO

18. Do you agree that if a Personal Pony is placed in your care, that pony is never transferred, bartered or sold? We understand an emergency may arise. Contact your State/Regional or National 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 Personal Pony representative OR the National Office and ask for assistance in making the necessary changes needed to place the pony elsewhere.

(    ) YES                      (    ) NO

19. There may be times that finding a new placement home will require time and patience. You agree to continue to care for and work with Personal Ponies until a new situation is uncovered and transportation can be arranged.

(    ) YES (    ) NO

**Reminder** - please be sure to include in this application recent photos of your farm/facility/pasture/paddock area and photos of your current horses/ponies

Please include in this space any questions you may have or any additional information you think would be helpful to share with us.

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Please include the names of two references (not family members). Be sure these folks know so they are expecting our call.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Applicants

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please complete this form and return it to your regional or state director.***

A Personal Pony representative will be contacting you about the status of your application and/or to discuss any questions or additional info required. Feel free to call your State/Regional Director if any additional questions come up on your part. Contact info can be found on our website [www.personalponies.org](http://www.personalponies.org)

Reviewed by Personal Pony Regional director:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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