



Personal Ponies

updated 12_2020

APPLICATION

*Please submit \$150 application fee with your application- 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. **Please print clearly or type.***

Date of application _____

Organization Name (center/school/etc.) _____

Primary Contact Name: _____

Position/Title: _____

Business Address: _____

Phone: _____ Fax: _____ Email: _____

Contact Name/Address/phone if ponies location is different from the above?

Directions to the nearest interstate highway from where the ponies are located:

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).

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?

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

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

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?

5. Do you currently own horses or ponies? ___ Yes ___ No If yes, please describe. Please send pics of your horses/ponies. **Reference to a website is acceptable for this requirement.**

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. **Web site reference is acceptable.**
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7. Are you zoned for livestock? () YES () NO

8. You understand and agree to pay an annual lease fee of \$_____ per year per pony that is due June 1 of each year? Depending on delivery date of ponies, the fee may be prorated for remaining current year. () YES () NO

9. What insurance do you currently carry for your equine activities? Please describe: Proof of coverage will be requested. Are you willing/able to add PPL and PPL ponies to your current insurance?

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. **Once application is accepted, but before ponies are delivered, a signed liability /release form must be received by PPL. It can be viewed/downloaded from our website.**

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. Please alert them to expect our call.

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: _____

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 annual lease fee, veterinary and farrier services, feed, hay, daily supplies, daily care and any transportation?

() YES () NO

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

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 ASAP and do you agree to inform a 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. However, PPL does not expect “extreme measures” to be taken to keep pony alive i.e colic surgery, etc. You are not responsible for financial reimbursement 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. Personal Ponies also makes our Board Member vet available for consultation if either party feels it can be beneficial.

16. It is a requirement of Personal Ponies Ltd that a health form be submitted annually to PPL by June 1 of every year (same date annual lease fee is due.) 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 may result in the removal of your pony (ies). This requirement is part of the oversight process for our ponies.

Additional possible reasons for removal of ponies:

- 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. You are required to contact your Personal Pony representative 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. **Web site may be used for this requirement.**

Please include the names of two references (not family members). Be sure these folks know to expect our call.

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Applicants

Signature: _____ Date: _____

Please complete this form and return with the application fee of \$150 to your PPL contact or Cindy Pullen at 368 River Rd. Lakeland, GA 31635 or email cindy.pullen@gmail.com

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 PPL contact if any additional questions come up on your part. Contact info can be found on our website www.personalponies.org

Reviewed by Personal Pony Regional director:

Name: _____ Date: _____

Note: Once your application has been approved but before arrangements are made for delivery of ponies, you will be required to sign a release/liability form which will be sent and reviewed with you.
