



**Application for Adoption Rebate**

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

Mailing Address: \_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City, Province Postal Code

Telephone: (        ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of equine rescue facility: \_\_\_\_\_

Location of equine rescue facility: \_\_\_\_\_

Name of adopted equine: \_\_\_\_\_

Sex, age and description of adopted equine: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Date of adoption: \_\_\_\_\_

In the event that I return the adopted equine to the above-named rescue facility for any reason, I agree to relinquish the full rebate amount of \$50.00 (fifty dollars) to the facility for subsequent return to TRACS.

\_\_\_\_\_  
Signature of Adopter

\_\_\_\_\_  
Date

Please mail, fax, or e-mail this completed form to:

TRACS  
P.O. Box 26097  
West Kelowna, B.C.  
V4T 2G3  
Fax: (250)768-4803  
E-mail: [tracs@shaw.ca](mailto:tracs@shaw.ca)