

Telephone Number

Fenway Foundation for Friesian Horses Inc. Personal Reference Form

Your personal reference may not be an immediate family member, and it also may not be the same person who fills out any other reference form for you.

To be completed by adoption applicant:

Name

| Address | City/State/Zip Code |
|---|---------------------|
| | |
| To be completed by reference: | |
| Name | Telephone Number |
| Address | City/State/Zip Code |
| How long have you known the applicant? | |
| Describe your impression of the care and condition of the animals the applicant currently owns: | |
| Do you think the applicant would make a good adoptive home for a Friesian from the Fenway Foundation for Friesian Horses? Why or why not? | |
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| | |
| Signature | Date |
| | |

Thank you for taking the time to complete this form!