TAA ACCREDITED ORGANIZATION FACILITY SELF-INSPECTION REPORT FORM

Instructions:

1. For all facilities that foster or board Organization’s horses, this form must be completed by an employee, volunteer or board member of Organization who is NOT ASSOCIATED WITH THE FACILITY.

2. For all facilities owned or leased in totality by Organization, the form must be completed by an employee, volunteer or board member of Organization.

3. This Form must be submitted no later than April 30 and October 31 of each year. If possible, one person should complete the spring inspection and a different person should complete the fall inspection.

4. Take photographs of at least 25% the horses being inspected and any areas which were the subject of a recommendation for improvement from the TAA. Please submit such photos to taa4horses@gmail.com.

5. Circle or provide an answer for each question.

6. This form may be filled out electronically or written, and should be sent within 30 days of inspection to:
   Thoroughbred Aftercare Alliance, Attn: Inspections, 821 Corporate Drive, Lexington, KY 40503
   Email: taa4horses@gmail.com
   Fax: 859-296-3045

GENERAL INFORMATION

Date of Visit: ______________________ Arrival Time: ________________ Departure Time: ______________________
Organization Name: _________________________________________________________________________________
Name of Person Conducting Inspection: _________________________________________________________________
Inspector’s Relationship to Organization: ________________________________________________________________
Facility Name: ______________________________________________________________________________________
Facility Address: ____________________________________________________________________________________
List All People Present at Inspection: __________________________________________________________________

OBSERVATION OF HORSES:

1) Total number of organization’s registered Thoroughbreds at facility _____________

2) Total number of horses at facility ______________

GENERAL FACILITY EVALUATION

1) General facility conditions
   Inadequate  Fair  Adequate  Good  Excellent

2) Cleanliness of overall facility
   Inadequate  Fair  Adequate  Good  Excellent

3) Condition of paddocks and pastures
   Inadequate  Fair  Adequate  Good  Excellent

4) Condition of fencing
   Inadequate  Fair  Adequate  Good  Excellent

5) List types of fencing observed: _________________________________________________________________

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6) Condition of and availability of water, hay and feed/supplements
   Inadequate  Fair  Adequate  Good  Excellent

7) Condition of barns, run in sheds and shelters
   Inadequate  Fair  Adequate  Good  Excellent

HORSE EVALUATION (reference only Organization’s registered Thoroughbreds)

1) Condition of horses (overall body condition, coat, weight, etc.)
   Inadequate  Fair  Adequate  Good  Excellent

2) Condition of horses’ feet (trimmed & well maintained)
   Inadequate  Fair  Adequate  Good  Excellent

3) Condition of horses’ teeth (is regular dental work being performed?)
   Inadequate  Fair  Adequate  Good  Excellent

GENERAL COMMENTS:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

NAMES OF HORSES OBSERVED:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
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__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

PLEASE LIST ANY RECOMMENDATIONS FOR IMPROVEMENT YOU MADE TO FACILITY:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

I certify that the information in this Facility Form, including any and all attachments, is/are true to the best of my knowledge and hereby give the Thoroughbred Aftercare Alliance (TAA) permission to make inquiries about the inspection to assist in their evaluation of Organization’s accreditation.

Name of Person Completing the Form: ________________________________________________________________

Signature: _________________________________ Date Completed: _________________________________

If at any time you have questions or concerns about the TAA accreditation process, the Organization or TAA inspection, please contact the TAA at info@thoroughbredaftercare.org or (859) 224-2756.