



## 2019 FACILITY FORM

This form must be filled out **BY THE FACILITY CONTACT** for **EACH** facility that houses horses for your Organization.  
This form **MUST** be filled out in the year of application for accreditation.

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

Applicant Organization (the "Organization"): \_\_\_\_\_

Organization Contact Person: \_\_\_\_\_

Organization Contact Phone Number: \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_

Facility Physical Address: \_\_\_\_\_

Facility Contact Phone Number: \_\_\_\_\_

1. Does the Organization own this facility? \_\_\_\_ Yes \_\_\_\_ No

If YES,

A. How long has the Organization owned the facility? \_\_\_\_\_

B. Proof of ownership should be included in the Operations section of the TAA Application for Accreditation.

If NO,

A. List the name and contact details for the owner of this facility.

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

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Other contact information: \_\_\_\_\_

2. Explain your relationship/agreement with the Organization, how long the Organization has had horses at your facility, and what services your facility provides.

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3. Explain how your facility is compensated for its services and note whether Organization is current on its payments for services.

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*Note: Copies of all boarding, foster facility and lease agreements must be included in the Operations section of the TAA Application for Accreditation.*

4. List the name, contact information and title of any employees (contracted or payroll) and/or volunteers for your facility.

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5. Does your facility have a veterinarian that can vouch for the overall care and wellbeing of the horses at your facility and is able to respond to emergencies? \_\_\_Yes \_\_\_No

If YES,

- A. Provide the name, address, fax and contact number of the veterinarian.

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- B. How many years has this veterinarian worked with your facility?

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- C. Please provide the VETERINARIAN REFERENCE FORM to your attending veterinarian. This form is available for download at [www.thoroughbredaftercare.org](http://www.thoroughbredaftercare.org). This form must be filled out and returned directly from the veterinarian's office.

If NO,

- A. Explain why you do not have a veterinarian.

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6. Does your facility only house registered Thoroughbreds that are a part of the Organization? \_\_\_Yes \_\_\_No

If YES,

- A. List how many registered Thoroughbreds are currently housed at your facility.

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- B. What is the maximum number of registered Thoroughbreds your facility can house?

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C. Does the number of registered Thoroughbreds change throughout the year? If yes, please explain.

Yes  No

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If NO

A. How many of the Organization's registered Thoroughbreds are housed at your facility? (do not include Thoroughbreds that are not a part of the Organization) \_\_\_\_\_

B. How many of the Organization's non-registered Thoroughbreds are housed at your facility?

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C. Provide the number of horses not cared for by the Organization but housed at your facility and briefly explain their ownership.

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7. What type of service(s) does your facility provide to the organization (mark all that apply)?

Retirement Sanctuary     Rehabilitation     Retraining     Adoption

Other (Please Explain): \_\_\_\_\_

**NOTE: The following section should be answered solely in context of the registered Thoroughbreds under the organization's care.**

*GOAL: Facilities shall provide a source of shelter, such as run-in sheds or stalls, appropriate to the facility's geographic location and function(s) with respect to the horses it serves.*

8. Does your facility provide a source of shelter to the horses in your care?  Yes  No

If YES,

A. Provide a detailed description of the shelter(s) provided, such as run-in sheds and/or stalls.

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*GOAL: Paddocks and pasture may not be fenced solely with barbed wire or other materials that may pose a hazard to horses or humans.*

**11. Are any of your facility's pastures or paddocks fenced with barbed wire? \_\_\_ Yes \_\_\_ No**

If YES,

**A. Explain why your facility uses barbed wire.**

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If NO,

**A. Explain the type of fencing used for the pastures and or paddocks at your facility**

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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 facility to assist in their evaluation of the Organization's accreditation application.

In addition, I understand that the Organization is applying for accreditation with the TAA, which involves inspection of my facility by TAA inspectors during the accreditation application period and during the accreditation period. I agree to acceptance of site visitation by TAA inspectors at any time.

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](mailto:info@thoroughbredaftercare.org) or (859) 224-2756.