



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 the 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. Observe or evaluate every program horse and take photographs of at least 25% the horses being inspected.
5. Photograph any areas which were the subject of a recommendation for improvement from the TAA. Please submit such photos to taa4horses@gmail.com.
6. Circle or provide an answer for each question.
7. 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: _____
Person Conducting Inspection _____ Email or Phone _____
Inspector's Relationship to Organization _____

Organization Name _____ Facility Name _____
Address Of Inspection _____
List all people at Inspection _____

- 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: _____

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: ALL program horses are to be observed. Write all names or provide an attached list.

PLEASE LIST ANY RECOMMENDATIONS FOR IMPROVEMENT YOU SUGGESTED TO THIS FACILITY AS A RESULT OF VISIT:

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.