



**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](mailto: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](mailto:taa4horses@gmail.com) or Fax: 859-296-3045**  
**Please send report as ONE document - NOT separate attachments.**

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
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**2) Cleanliness of overall facility**

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

Inadequate	Fair	Adequate	Good	Excellent
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**4) Condition of fencing**

Inadequate	Fair	Adequate	Good	Excellent
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**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:

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

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

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