



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 EVERY program horse and submit a **full-body photo of each** or at least 25% of large herds (TAA program horses at this facility).
5. Photograph any areas which were the subject of a recommendation for improvement from the TAA. Submit such photos to taa4horses@gmail.com.
6. Circle or provide an answer for each question below.
7. This form may be filled out electronically or written, and should be sent before the inspection deadline to:
Thoroughbred Aftercare Alliance, Attn: Inspections, 821 Corporate Drive, Lexington, KY 40503
Email: taa4horses@gmail.com Or Fax: 859-296-3045 Send report pages as ONE document please.

GENERAL INFORMATION

Date of Visit: _____ Arrival Time: _____ Departure Time: _____
Person Conducting Inspection: _____ Phone or Email: _____
Inspector’s Relationship to Organization: _____
Organization Name: _____ Facility Name: _____
Address of Inspection: _____
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: _____

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. Include names below or provide a list.

PLEASE LIST ANY RECOMMENDATIONS FOR IMPROVEMENT you are suggesting as a result of this 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.