

CHECKLIST FOR EQUINE RESCUE FACILITIES

This checklist is provided for use by veterinarians or other appointed officials when evaluating equine rescue facilities and practices for compliance with “*Basic Guidelines for Operating an Equine Rescue or Retirement Facility*,” published by the Animal Welfare Institute and The Humane Society of the United States.

Utilizing a numerical scoring system, a veterinarian or other skilled and knowledgeable person should be able to evaluate a facility, advise any needed corrections, and make a determination as to whether the facility operates to sufficiently high standards to ensure the welfare of equines in its care. Any “2” score should be addressed. Any “1” score denotes non-compliance with the abovementioned guidelines.

Scoring System for Checklist:

Excellent – 5

Good – 4

Adequate – 3

Needs Improvement – 2

Inadequate – 1

1. Contact information

Facility Name: _____

Address: _____

Primary contact: _____

Telephone: _____

Mobile: _____

Fax: _____

Email: _____

Contact/staff person on day of facility inspection: _____

Primary vet: _____

Telephone of primary vet: _____

Farrier: _____

Telephone of farrier: _____

Does caretaker live on site? Yes No

2. Horses

_____ Number of equines at time of visit

_____ Maximum capacity

_____ Off-site facilities (Y/N)

Comments: _____

3. Enclosures, Shelters and Fencing

a. Pastures/Paddocks

_____ Number of pastures/paddocks available for turnout

_____ Approximate size(s)

_____ Horses properly segregated by age, sex, temperament, medical conditions, etc.

_____ Availability of shelter

_____ Access to feed and water

_____ Overall condition

Comments: _____

b. Barns

_____ Number of barns

_____ Total number of stalls

_____ Stalls of sufficient size (10 ½' x 10 ½' min.) (Y/N)

_____ Cleanliness (including manure removal)

_____ Parasite control

_____ Bedding

_____ Air circulation

_____ Stalls clearly labeled with horse's name and care in fo

Barns, cont'd.

_____ Adequate exits

_____ Proper storage of machinery and materials

_____ Overall condition

Comments:

c. Outdoor Shelters/Run-Ins

_____ Number of shelters

_____ Outdoor shelters/run-ins of appropriate size for number of horses in field (Y/N)

_____ Cleanliness (including manure removal)

_____ Parasite control

_____ Overall condition

Comments (including notes on type(s) of shelters, i.e., run-in sheds, trees, etc.):

d. Fencing

Type: _____

_____ Condition

_____ Safety

Comments:

4. Feed

_____ Hay quality

_____ Pasture quality

_____ Grain quality

_____ Supplements

_____ Access to hay at all times

_____ Separation of equines during feeding as necessary

_____ Equine specific diet plan

_____ Salt and trace mineral blocks available in every stall and field

_____ Storage of hay, grain & supplements

Comments:

5. Water

a. Indoor Water Supply

_____ Buckets (Y/N)

_____ Automatic waterers (if used) (Y/N)

_____ Access/availability

_____ Cleanliness

Comments:

b. Outdoor Water Supply

_____ Tanks/tubs (Y/N)

_____ Automatic waterers (if used) (Y/N)

_____ Naturally occurring (Y/N)

Outdoor Water Supply, cont'd.

_____ Access/availability

_____ Cleanliness

Comments:

6. General Equine Health and Veterinary Care

a. Availability of Vet

_____ Resident

_____ On call

_____ Vet phone numbers visibly posted

Comments:

b. General Veterinary Care

_____ Overall appearance and health of long-term residents

_____ Routine fecal exams performed

_____ Vaccination program in place

_____ Current Coggins test available on all equines

_____ Insect and parasite control program performed

_____ Equine records system kept (vet records, general health records and photos/documentation for all equines)

Comments:

c. Dental Care

- _____ Regular check-ups/treatment
- _____ Quality of care
- _____ General appearance of long term residents' teeth

Comments:

d. Hoof Care

- _____ Regular visits by farrier
- _____ Quality of care
- _____ General appearance of long-term residents' hooves

Comments:

7. New Arrivals

- _____ New intake protocol in place
- _____ Isolation/quarantine provisions
- _____ Documented refeeding program

Comments:

8. Emergency Preparedness

- _____ Emergency preparedness plan in place
- _____ Equine emergency first aid kit readily accessible
- _____ Human emergency first aid kit readily accessible
- _____ Emergency phone list available (vets, authorities, etc.)
- _____ Emergency transportation plan in place

Comments:

9. Equine Transportation

- _____ Number of trailers
- _____ Number of equines per trailer
- _____ Overall condition and readiness of trailers
- _____ Current registration for trailer(s) (Y/N)

Comments:

10. Overall Environment

- _____ Overall condition of facility
- _____ Overall safety of facility
- _____ Overall condition of equipment (tools, tack, etc.)
- _____ Overall cleanliness of facility
- _____ Staff responsiveness/attitude toward inspectors

Comments:

11. Inspection Details

Inspecting veterinarian/authority: _____

Date of inspection: _____ State _____ Lic. Number _____

- _____ Approval Granted
- _____ Approval Pending
- _____ Approval Denied

Comments:
