



Homes for Horses
COALITION

Equine Rescue Facilities Checklist

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*.

Using 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 noncompliance 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: _____

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. BARN

- _____ Number of barns
- _____ Total number of stalls
- _____ Stalls of sufficient size (10 1/2' x 10 1/2' min.)(Y/N)
- _____ Cleanliness (including manure removal)
- _____ Parasite control
- _____ Bedding
- _____ Air circulation
- _____ Stalls clearly labeled with horse's name and care information
- _____ 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)
- 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: _____

C. 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: _____

