



TAA-ACCREDITED ORGANIZATION FACILITY SELF-INSPECTION REPORT FORM - 2025

Instructions:

1. Facilities owned or leased in totality by Organization (main facility), the form should be completed by the manager, director, employee, or board member of your Organization.
2. For all of your Organization's additional facilities that foster or board horses, this form must be completed by you OR an employee, volunteer or board member representing your Organization who is NOT associated with the facility. The Inspector should send both report and photos to the organization for review. Organization contact will submit to TAA.
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 and name EVERY program horse. For herds of 15 horses or less, submit **current, full-body photo of each horse**. For herds of 16 horses or more, submit photos of at least 25% of the herd. Please identify each horse photographed with **registered names**. Photos can be added to a PDF page, Word doc, or sent as attachments.
5. Photograph any areas which were the subject of a recommendation for improvement from TAA.
6. Circle or provide an answer for each question below.
7. This form may be filled out electronically or written, scanned and sent before the inspection deadline to:
Email: taa4horses@gmail.com or soldham@thoroughbredaftercare.org **Send report pages as 1 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
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7) Condition of barns, run in sheds and shelters

Inadequate	Fair	Adequate	Good	Excellent
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HORSE EVALUATION (reference only Organization's registered Thoroughbreds)

1) Condition of horses (overall body condition, coat, weight, etc.)

Inadequate	Fair	Adequate	Good	Excellent
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2) Condition of horses' feet (trimmed & well maintained)

Inadequate	Fair	Adequate	Good	Excellent
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3) Condition of horses' teeth (is regular dental work being performed?)

Inadequate	Fair	Adequate	Good	Excellent
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4) Are horses *uniquely identified* by name and organization? _____

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 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 TAA at info@thoroughbredaftercare.org or (859) 224-2756.