



2025 TAA FACILITY FORM

This form must be filled out **BY THE FACILITY CONTACT** for **EACH** facility that houses horses for your Organization.
This form **MUST** be filled out in the year of application for accreditation

Facility Name: _____

Applicant Organization (the "Organization"): _____

Organization Contact Person: _____

Organization Contact Phone Number: _____

Facility Contact Person: _____

Facility Physical Address: _____

Facility Contact Phone Number: _____

1. Does the Organization own this facility? ____ Yes ____ No

If YES,

A. How long has the Organization owned the facility? _____

B. Proof of ownership should be included in the Operations section of the TAA Application for Accreditation.

If NO,

A. List the name and contact details for the owner of this facility.

Name: _____

Contact Phone: _____

Contact Email: _____

Other contact information: _____

2. Explain your relationship/agreement with the Organization, how long the Organization has had horses at your facility, and what services your facility provides.

3. Explain how your facility is compensated for its services and note whether Organization is current on its payments for services.

Note: Copies of all boarding, foster facility and lease agreements must be included in the Operations section of the TAA Application for Accreditation.

4. List the name, contact information and title of any employees (contracted or payroll) and/or volunteers for your facility.

5. Does your facility have a veterinarian that can vouch for the overall care and wellbeing of the horses at your facility and is able to respond to emergencies? ___Yes ___No

If YES,

A. Provide the name, address, fax and contact number of the veterinarian.

B. How many years has this veterinarian worked with your facility?

C. Please provide the VETERINARIAN REFERENCE FORM to your attending veterinarian. This form is available for download at www.thoroughbredaftercare.org. This form must be filled out and returned directly from the veterinarian's office.

If NO,

A. Explain why you do not have a veterinarian.

6. Does your facility only house registered Thoroughbreds that are a part of the Organization? ___Yes ___No

A. Does the number of the Organization's registered Thoroughbreds change throughout the year? If yes, please explain. ___Yes ___No

B. How many of the Organization's registered Thoroughbreds are currently housed at your facility? (do not include Thoroughbreds that are not a part of the Organization) _____

C. What is the total number of horses (all breeds) currently at this Facility? _____

D. What is the maximum number of horses that your facility can house? _____

E. Provide the total number of horses (all breeds) not cared for by the Organization but housed at your facility and briefly explain their ownership.

7. What type of service(s) does your facility provide to the organization (mark all that apply)?

Retirement Sanctuary Rehabilitation Retraining Adoption
 Equine Assisted Therapy Other (Please explain) _____

NOTE: The following section should be answered solely in context of the registered Thoroughbreds under the organization's care.

GOAL: Facilities shall provide a source of shelter, such as run-in sheds or stalls, appropriate to the facility's geographic location and function(s) with respect to the horses it serves.

8. Does your facility provide a source of shelter to the horses in your care? Yes No

If YES,

A. Provide a detailed description of the shelter(s) provided, such as run-in sheds and/or stalls.

B. Explain how your shelter(s) relate to the climate of your facility.

C. Explain how the shelter(s) service the type of horses in your facility's care.

If NO,

A. Explain why your facility does not have a source of shelter.

9. Does your facility have an emergency management plan in place to ensure care and safety of horses at all times? Yes No

If YES,

A. Please provide a description of the written protocols that ensure ongoing care and safety of horses or attach a copy of your emergency management plan and submit with this form.

If NO,

A. Explain why your organization does not have written emergency management plan.

GOAL: Facilities shall have pasture land with sufficient acreage for the specific type of facility and enclosure to meet the needs of the horses served.

10. Does your facility provide sufficient pastureland and/or enclosures that meet the needs of the horses served? ___Yes ___No

If YES,

A. Provide the total number of acreage of pasture or paddocks that the horses in the Organization's care use.

B. Provide a breakdown of your facility's pastures and/or paddocks including the size and number of horses in each one.

If NO,

A. Explain why you do not have pasture or paddocks.

GOAL: Paddocks and pasture may not be fenced solely with barbed wire or other materials that may pose a hazard to horses or humans.

11. Are any of your facility's pastures or paddocks fenced with barbed wire? ____ Yes ____ No

If YES,

A. Explain why your facility uses barbed wire.

If NO,

A. Explain the type of fencing used for the pastures and or paddocks at your facility

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 facility to assist in their evaluation of the Organization's accreditation application.

In addition, I understand that the Organization is applying for accreditation with the TAA, which involves inspection of my facility by TAA inspectors during the accreditation application period and during the accreditation period. I agree to acceptance of site visitation by TAA inspectors at any time.

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.