



## VETERINARIAN REFERENCE FORM

Organization's Name ("Organization"): \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

***Note: If the Organization utilizes foster homes, boarding facilities and/or has multiple locations a vet report and vet statement must be submitted for EACH facility***

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**This form must be completed by a licensed veterinarian and sent by the veterinarian directly to the Thoroughbred Aftercare Alliance and Thoroughbred Charities of America at the addresses listed below.**

The above Organization has applied for accreditation through the Thoroughbred Aftercare Alliance (TAA) and/or for grants from Thoroughbred Charities of America (TCA). As part of the application process, the TAA and TCA require a Veterinarian Reference Form from a veterinarian who provides regular services and care to the horses at the named facility. We would appreciate if you would answer the following questions based on your experience in working with the named facility. Feel free to add further comments as needed. Please note that all information provided will be confidential and will not be revealed to the applying facility at any time.

Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian's e-mail: \_\_\_\_\_ License Number: \_\_\_\_\_

State/Provinces Licensed to Practice: \_\_\_\_\_

**Additionally, please include a brief statement indicating that you are the attending veterinarian for this facility and describe the type of services you provide to the named facility and/or the Organization.**

Statement should be on your letterhead and include the name of your practice, address, and contact numbers. Mail the Veterinarian Reference Form and statement directly to:

- Thoroughbred Aftercare Alliance, 821 Corporate Drive, Lexington, KY 40503 or email to Janice Towles at [jtowles@jockeyclub.com](mailto:jtowles@jockeyclub.com) and
- Thoroughbred Charities of America, P.O. Box 910668, Lexington, KY 40591 or email to Erin Crady at [ecrady@tca.org](mailto:ecrady@tca.org)

If you have any questions please contact (859) 224-2756 (TAA) or (859) 276-4989 (TCA). We appreciate your timely response.

Please note, the named organization's application will not be complete without your submission of the evaluation form and statement.

1. How long have you been providing services to the named facility? \_\_\_\_\_

2. How often do you visit the named facility? \_\_\_\_\_

3. How many total horses are housed at the facility? \_\_\_\_\_

4. What is the maximum number of horses that can reside at this facility? \_\_\_\_\_

5. How many of the Organization's horses are housed at the facility? \_\_\_\_\_

6. How many of the Organization's registered Thoroughbreds are housed at the facility? \_\_\_\_\_

7. What type of service(s) does the facility provide to the registered Thoroughbreds in its care (mark all that apply)?

\_\_\_ Retirement Sanctuary    \_\_\_ Rehabilitation    \_\_\_ Retraining    \_\_\_ Adoption

\_\_\_ Other (Please Specify): \_\_\_\_\_

For each of the following questions, please use the rating system below to fill in the blank. Answer each question based only upon the horses under the direct care of the named organization:

"5" for Excellent

"4" for Good

"3" for Adequate

"2" for Fair

"1" for Inadequate

**8. Equine Health Care**

How would you rate the overall appearance and health of the horses at the facility?

Rating: \_\_\_\_\_

Please describe:

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How would you rate the vaccination program utilized by this facility?

Rating: \_\_\_\_\_

Please describe:

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**How would you rate the de-worming program utilized by this facility?**

Rating: \_\_\_\_\_

**Please describe:**

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**Do you have any concerns with the current vaccination/de-worming program? If "yes," please explain.**

\_\_\_ Yes \_\_\_ No

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**How would you rate the hoof care program?**

Rating: \_\_\_\_\_

**Please describe:**

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**Do you have any concerns with the current hoof care program? If "yes," please explain.**

\_\_\_ Yes \_\_\_ No

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**How would you rate the dental care program?**

Rating: \_\_\_\_\_

**Please describe:**

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**Do you have any concerns with the current dental care program? If "yes," please explain.**

\_\_\_ Yes \_\_\_ No

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**How would you rate the feeding program?**

Rating: \_\_\_\_\_

**Please describe:**

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**Do you have any concerns with the current feeding program? If "yes," please explain.**

\_\_\_ Yes \_\_\_ No

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**9. Facility**

**How would you rate the shelters provided to the horses?**

Rating: \_\_\_\_\_

**Please describe the shelters provided to the horses:**

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**Do you have any concerns with the current shelter provided? If "yes," please explain.**

\_\_\_ Yes \_\_\_ No

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**How would you rate the water supply for horses housed inside?**

Rating: \_\_\_\_\_

**Please describe:**

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**How would you rate the water supply for horses housed outside?**

Rating: \_\_\_\_\_

**Please describe:**

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**Do you have any concerns with the current water sources? If "yes," please explain.**

\_\_\_ Yes \_\_\_ No

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**How would you rate the overall condition of pastures and paddocks?**

Rating: \_\_\_\_\_

**Please describe:**

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**What type of fencing is used? \_\_\_\_\_**

**Is there any barbed wire fencing in use? \_\_\_ Yes \_\_\_ No**

**How would you rate the overall condition of the fencing?**

Rating: \_\_\_\_\_

**Please describe:**

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Do you have any concerns with the fencing at the facility? If "yes," please explain.

Yes  No

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**10. Retirement Sanctuary Program**

If the facility is a long-term retirement sanctuary, how would you rate the program on their ability to monitor the health of the herd throughout the year?

Rating: \_\_\_\_\_ Not Applicable \_\_\_\_\_

Please describe:

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Do you have any concerns with the current retirement sanctuary program? If "yes," please explain.

Yes  No

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**11. Rehabilitation Program**

If the facility rehabilitates injured and or sick horses, how would you rate the program on their ability to do so successfully?

Rating: \_\_\_\_\_ Not Applicable \_\_\_\_\_

Please describe:

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Do you have any concerns with the current rehabilitation program? If "yes," please explain.

Yes  No

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**12. Transitional Training Program**

If the facility provides transitional training how would you rate the training facilities and the program's ability to successfully provide transitional training to the horses?

Rating: \_\_\_\_\_ Not Applicable \_\_\_\_\_

Please describe the transitional training program and facilities:

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**Do you have any concerns with the current transitional training program? If "yes," please explain.**

Yes  No

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**13. Staff**

**Do you feel the staff, volunteers, and/or contractors who oversee the handling, daily care, and training of the horses are qualified and experienced horsemen?**

Yes  No

Please explain:

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**14. Euthanasia**

**Does the facility follow a euthanasia policy that is consistent with that of the American Association of Equine Practitioners (AAEP)? If "yes," please explain your involvement with the euthanasia policy.**

Yes  No

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**Do you feel there are any horses at the facility that need to be euthanized based on the criteria of the euthanasia policy of the AAEP? If "yes," please explain.**

Yes  No

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**15. Improvements**

**Are there any areas in which you feel the facility should improve upon? If "yes," explain.**

Yes  No

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**Signature of evaluating veterinarian:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_