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 veterinarian reference form must be submitted for EACH facility.

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: _____

Please sign below to attest that you are the attending veterinarian for this facility:

X_____

Mail the Veterinarian Reference Form directly to:
- Thoroughbred Aftercare Alliance, 821 Corporate Drive, Lexington, KY 40503 or email to Janice Towles at jtowles@jockeyclub.com and
- Thoroughbred Charities of America, P.O. Box 910668, Lexington, KY 40591 or email to Thoroughbred Charities of America at info@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:
_____
_____

How would you rate the vaccination program utilized by this facility?
Rating: _____
Please describe:
_____
_____

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

Rating: _____
Please describe:

_____

_____

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

_____

_____

How would you rate the hoof care program?
Rating: _____
Please describe:

_____

_____

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

_____

_____

How would you rate the dental care program?
Rating: _____
Please describe:

_____

_____

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

_____

_____

How would you rate the feeding program?
Rating: _____
Please describe:

_____

_____

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

_____

_____

9. Facility

How would you rate the shelters provided to the horses?
Rating:_____

Please describe the shelters provided to the horses:
_____

_____

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

_____

How would you rate the water supply for horses housed inside?
Rating: _____
Please describe:
_____

_____

How would you rate the water supply for horses housed outside?
Rating: _____
Please describe:
_____

_____

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

_____

How would you rate the overall condition of pastures and paddocks?
Rating: _____
Please describe:
_____

_____

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:
_____

_____

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

_____

_____

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:

_____

_____

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

_____

_____

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:

_____

_____

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

_____

_____

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:

_____

_____

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

_____

_____

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:

_____

_____

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

_____

_____

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

_____

_____

15. Improvements

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

_____

_____

Signature of evaluating veterinarian: _____

Print Name: _____   Date:_____