

## Vet Report for facilities with Equines

Thank you for taking the time to review this facility to help improve the lives of our equines!

Name of Equine Organization:

**Address** of where the horses are:

City:                      State:              Zip:

Name of Organization Contact:

Phone:

(Address if different from above location of horses):

Total number of Horses at this facility? \_\_\_\_\_ How many are Thoroughbreds? \_\_\_\_\_

Maximum Capacity for Horses? \_\_\_\_\_

Please use the rating system below and fill in the blanks before each question:

"5" for Excellent

"4" for Good

"3" for Adequate

"2" for Fair

"1" for inadequate

Comments?

\_\_\_\_\_ Overall appearance and health of horses at facility? \_\_\_\_\_

\_\_\_\_\_ Vaccination Program? \_\_\_\_\_

\_\_\_\_\_ Dental Care Program? \_\_\_\_\_

\_\_\_\_\_ Feed Program? \_\_\_\_\_

\_\_\_\_\_ Indoor Water Supply? \_\_\_\_\_

\_\_\_\_\_ Outdoor Water Supply? \_\_\_\_\_

\_\_\_\_\_ Condition of Pastures and Paddocks? \_\_\_\_\_

\_\_\_\_\_ Fencing Condition? \_\_\_\_\_

\_\_\_\_\_ Farrier Care? \_\_\_\_\_

\_\_\_\_\_ Deworming? \_\_\_\_\_

**Signature of evaluating Veterinarian:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Please Print Name:** \_\_\_\_\_

**Important:** Please submit a short note stating you are the attending vet for this equine facility on your stationary, which would include your practice name, address and contact numbers. Please give or mail this to your contact at the organization, so their grant application will be complete or mail directly to Thoroughbred Charities of America/P.O. Box 910668/Lexington, KY 40591. E-mail: [Info@ThoroughbredCharities.org](mailto:Info@ThoroughbredCharities.org)

Thank you for your time!