Which of the following fence types are used to contain equines on the property? Check all that apply.

□ Barbed wire
□ Barbless or twisted wire
□ Chain link
□ Electric tape/wire/braid
□ Fiberglass post and rails
□ Field/cattle/goat fence
□ Hog Panels
□ Natural Impenetrable Barrier (Thorny Hedge, Pond, etc.)
□ Non-Climb/Woven Wire
□ Pipe Corral
□ Welded Wire
□ Wood Post & Rails
□ Other __________________________

For any fencing that is made up of squares or diamonds, what size are the squares/diamonds? Check all that apply

□ 1"x1"
□ 2"x2"
□ 2"x3"
□ 3"x3"
□ 3"x4"
□ 4"x4"
□ 4"x6"
□ 6"x6"
□ Graduated-smaller squares at the bottom and larger at the top
□ N/A
□ Other: __________________________

How high are the fences? Check all that apply.

□ Shorter than 4'
□ 4'
□ 5'
□ 6'
□ Taller than 6'
□ Other: __________________________

In addition to the fencing described above, is there perimeter fencing that completely encloses the property (may or may not include segments of pasture fencing)? Which of the following fence types are used around the perimeter of the property? Check all that apply.

□ Barbed wire
□ Barbless or twisted wire
□ Chain link
□ Electric tape/wire/braid
□ Fiberglass post and rails
□ Field/cattle/goat fence
□ Hog Panels
□ Natural Impenetrable Barrier (Thorny Hedge, Pond, etc.)
□ Non-Climb/Woven Wire
□ Pipe Corral
□ Welded Wire
□ Wood Post & Rails
□ Other __________________________
□ No Perimeter Fence

☐ If metal T-Posts are used, are they all capped?
☐ Yes
☐ No
☐ N/A

☐ What type of predators (or nuisance animals) presents a risk to the animals at your sanctuary/rescue? Check all that apply.
□ Canines (coyotes/wolves/dogs)
□ Large wild cats (bobcats, mountain lions, etc.)
□ Bears, Raccoons, Skunk, Opossum
□ Venomous Snakes
□ Other, please specify __________________________

☐ What type of land/pasture are the equines kept on?
□ Grasses/shrubs
□ Woodlands
□ Barren soil/dry lot
□ Mixture of barren soil/grasses/woodlands

✿ For equine that are confined or have limited access to pasture or limited outdoor space, how are their exercise/enrichment needs met?
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

✿ How are stallions or recently gelded equines pastured?
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

✿ When would an equine be housed alone without visual access to other animals?
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

☐ Does the facility have indoor stalls?
☐ Yes
☐ No

✿ If yes, explain how the stalls are regularly used (daily, only inclement weather, health, etc.).
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

✿ What are the average dimensions of the stalls including width, depth and height?
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

✿ If no stalls are used, describe how the equines are protected from inclement weather and how sick or injured equines are housed.
GROUND AND PLANTINGS (H2)

What type of bedding is used in the stalls? Check all that apply.

- Wood shavings
- Sawdust
- Straw
- Other - please list __________________________

Have you identified any toxic or harmful vegetation on the property?

- Yes
- No

If yes, what is the policy for removal?

MANUFACTURED/ARTIFICIAL SHELTERS (H4)

What type of manufactured/artificial shelter do the equines have when in outdoor spaces (pasture, dry lot, etc.)?

Is there sufficient room for all equines housed in each outdoor enclosure to get into/under the manufactured/artificial shelter if necessary, taking into consideration temperament and social structure of the equines kept in that outdoor enclosure (shy, timid equines)?

SANITATION (H-6)

Does the rescue/sanctuary have cleaning and disinfection standard operating procedures?

- Yes
- No

How are feed buckets, feeders, and water containers cleaned and disinfected?

How often are feeding and water containers cleaned?

How are tools, implements, and food storage containers cleaned?
Explain briefly how manure is managed (including stalls and outdoor spaces).

Where are cleaning supplies stored?

Are all cleaning supplies and feed containers labeled?

☐ Yes
☐ No

TEMPERATURE, HUMIDITY, VENTILATION, AND LIGHTING (H7)

What type of lighting/electrical power is available in outdoor spaces in the event of emergencies?

What type of lighting/electrical power is available in indoor spaces in the event of emergencies?

What facilities are available for equines not able to tolerate temperatures above or below the normal (e.g. elderly, ill, young)?

NUTRITION (N1 – N5)

WATER (N1)

Which of the following sources of water do the animals have access to? Check all that apply.

☐ Automatic waterer
☐ Trough/Stock tank
☐ Bucket
☐ Pond
☐ River/creek/stream/spring
☐ Other, please specify... __________________________

Is water (check all that apply):

☐ Fresh and clean
☐ Free of ice in cold weather
☐ Shaded in warm climates
☐ Positioned to minimize spillage
☐ Provided by automatic devices, checked daily to ensure water is available
How is water kept free of ice in cold weather?

________________________________________________________________________________________

________________________________________________________________________________________

How often is water inspected and cleaned?

________________________________________________________________________________________

________________________________________________________________________________________

If your water source isn't municipal, how often is your water tested?

________________________________________________________________________________________

________________________________________________________________________________________

When was the last time potable water was tested for contaminants, and what were the results?

________________________________________________________________________________________

________________________________________________________________________________________

DIET (N2)

☐ Who is responsible for determining feeding protocol? Check all that apply

☐ Veterinarian
☐ Executive Director
☐ Animal Care Manager
☐ Other, please specify: ________________________________

☐ Are dietary protocols made available to personnel?

☐ Yes
☐ No

☑ Briefly describe your daily feeding routine for the majority of your equines. Please include what you feed and how often.

________________________________________________________________________________________

________________________________________________________________________________________

☐ Are special diets offered, where appropriate? (e.g. senior equines, overweight equines, etc.)

☐ Yes
☐ No

☐ Explain your re-feeding protocol for malnourished equines?

________________________________________________________________________________________

________________________________________________________________________________________

☐ Explain any other components of a balanced healthy diet that you utilize (supplements, enrichment, salt/mineral block, etc.).

________________________________________________________________________________________

________________________________________________________________________________________

☐ Do you record the Henneke Body Condition Score in each equine’s record on intake?

☐ Yes
☐ No
Do you record the Henneke Body Condition Score in each equine’s record periodically?

☐ Yes
☐ No

FEED PRESENTATION AND FEEDING TECHNIQUES (N3)

How is intake monitored so that each equine is ensured adequate access?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

How are decisions made concerning diet increases and decreases?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Are multiple sources of water available for animals housed in groups?

☐ Yes
☐ No

FEED STORAGE (N4)

How do you store bags of feed? Check all that apply.

☐ In their bags
☐ In cans/containers
☐ Purchased in bulk
☐ Other, please specify... __________________________

How do you store unopened bags of feed (if applicable)?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Where do you store produce (carrots, apples, etc.), (if applicable)?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Is feed stored? Check all that apply.

☐ Dry and clean
☐ Refrigerated as needed
☐ Separate from medications
☐ Separate from human food
☐ Dated, with any expired being discarded

VETERINARY CARE (V1-V9)

VETERINARY PROGRAM PERSONNEL (V1)

What is the full name of your primary veterinarian?
Is the veterinarian a member of your staff?

☐ Yes, full-time
☐ Yes, part-time
☐ Not a member of staff

Is your veterinarian available after hours?

☐ Yes
☐ No

If your veterinarian is not available after hours, what is the back-up for emergencies?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

If your veterinarian is not on-site, how often do they come to the facility?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Who at your facility is providing veterinary or medical care? Check all that apply.

☐ Veterinarian
☐ Veterinary Technician
☐ Caregivers
☐ Other, please specify __________________________

Please list which personnel are trained to serve in the case of emergency medical needs in the absence of a veterinarian. What type of training do they have?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

VETERINARY CAPABILITIES (V2)

Where are medical procedures performed at the facility?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

What kind of medical facilities are located on the premises?

☐ None
☐ Indoor or outdoor space designed to facilitate minor medical treatment
☐ Full animal treatment area (hospital)
☐ Other, please specify __________________________

How far is the nearest veterinary hospital?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

To whom and how do staff or volunteers communicate medical concerns?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
Are there people other than the veterinarian who performs surgical procedures?

☐ Yes
☐ No

If you answered yes to the question above, under what circumstances?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How are animals monitored on an ongoing basis in the event of surgery, treatment, procedure, etc.?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

PREVENTATIVE MEDICINE PROGRAM (V3)

Do you have a preventative medicine protocol (a schedule of regular health examinations and procedures such as dental assessments, vaccinations, farrier care, and deworming)?

☐ Yes, written
☐ Yes, informal
☐ No preventative medicine protocol

☑ Who developed the preventative/routine medicine program? Check all that apply.

☐ Veterinarian
☐ Executive Director
☐ Animal Care Manager
☐ Other, please list: __________________________
☐ No preventative/routine medicine program

☑ Who determines what vaccines are used and how often? Check all that apply.

☐ Veterinarian
☐ Personnel/caregivers

☑ Who administers vaccines to animals? Check all that apply.

☐ Veterinarian
☐ Personnel/caregivers

☑ What vaccinations do you administer? Check all that apply.

☐ Tetanus
☐ Eastern/Western/Venezuelan Equine Encephalomyelitis
☐ West Nile Virus
☐ Rabies
☐ None of the above

☑ Do you vaccinate for any of the following? Check all that apply.

☐ Anthrax
☐ Botulism
☐ Equine Herpesvirus (Rhinopneumonitis)
☐ Equine Viral Arteritis
☐ Equine Influenza
☐ Potomac Horse Fever
☐ Rotaviral Diarrhea
☐ Snake Bite
☐ Strangles
When do you require that an equine has proof of a negative Coggin’s test?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

How is the parasite load of the equines at the facility determined? Check all that apply.

☐ Appearance of equines
☐ Vet examines fecal samples from random equines
☐ Vet examines fecal samples on all equines
☐ Facility performs their own examination of fecal samples from random equines
☐ Facility performs their own examination of fecal samples on all equines
☐ Fecals are not performed; equines are on continuous de-wormer or rotational de-wormer

How often are de-wormers administered?

☐ Continuous
☐ 1X – 2X per year
☐ 3X - 4X per year
☐ 5X or more per year
☐ Dependent on fecal parasite load determination

Are equines shod?

☐ All
☐ Some
☐ None

Who performs farrier work? Check all that apply.

☐ Professional farrier
☐ Personnel
☐ Veterinarian
☐ Other __________________________

How often do equines receive hoof care (i.e. trimming or shoeing)?

☐ Never, terrain provides natural grinding
☐ Every 6-8 weeks
☐ As needed, by appearance of hooves
☐ Other, please specify __________________________

How often do equines receive a dental check-up?

_____________________

QUARANTINE AND ISOLATION CARE AND FACILITIES (V4)

Do you have quarantine protocols?

☐ Yes, written
☐ Yes, unwritten
☐ No

If you have no written protocol, please briefly describe your quarantine protocol.

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Do you have a separate area for new arrivals?
If you have a separate area for new arrivals, does it have both indoor and outdoor areas?

- Indoor Only
- Outdoor Only
- Indoor and Outdoor

If you do not have a separate area for new arrivals, is your quarantine done prior to arrival?

- Yes
- No
- Other, please explain __________________________

Do you have a separate area for sick or injured equines (separate to new arrival quarantine)?

- Yes
- No

How is the veterinarian involved with the intake of new animals?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

MEDICAL RECORDS (V5)

Please check all of the items that are routinely documented for each animal when applicable. Check all that apply.

- General information-age, breed, gender, microchip number, tattoo, bio, registration number, etc.
- Intake photo
- Origin
- Height/weight/body condition score
- Individual Veterinary record including lab and diagnostic results
- Preventative and routine treatments (de-worming, vaccinations (with serial number), dental, farrier, other)
- Reproductive history, if known, including castration date if applicable
- Current diet and any dietary special needs
- Acquisition documents/intake paperwork
- Any records from previous situation
- Behavioral and training assessment upon intake and behavioral/training objectives and plan
- Photos documenting health improvement after intake
- Current photo (at least annual or biannual)
- Disposition paperwork (Adoption, Foster, Transfer to another sanctuary/rescue, Euthanasia, Death information if other than Euthanasia)

Do you take and file photographs demonstrating body condition of each equine on intake?

- Yes
- No

Do you take and file photographs demonstrating body condition of each equine periodically?

- Yes
- No

Do you provide copies of medical, or other appropriate records for animals transferred to other facilities/foster homes or adopted?

- Yes
- No

MEDICATION HANDLING AND STORAGE (V6)
Where are treatment supplies and pharmaceuticals stored?
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Do you maintain medications according to law?
☐ Yes  ☐ No

How often do you check medication expiration dates?
_____________________________________________________________

Do you use expired drugs?
☐ Yes  ☐ No

If you use expired drugs, how do you determine if the drugs are safe?
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Are any controlled substances kept on the premises in accordance with any applicable laws?
☐ Yes  ☐ No

If yes, describe how they are secured to meet the legal requirements (e.g., DEA, lock up in the US)
_____________________________________________________________
_____________________________________________________________

Briefly describe how you record the use of controlled substances.
_____________________________________________________________
_____________________________________________________________

How are controlled substances disposed of?
_____________________________________________________________
_____________________________________________________________

Is a refrigerator available to store medications which require refrigeration?
☐ Yes  ☐ No

BREEDING/CONTRACEPTION POLICY (V7)

What methods of contraception/prevention of breeding are used for equines at the rescue/sanctuary? Check all that apply.
☐ Castration of all stallions  ☐ Castration of some stallions  ☐ Stallions housed separately
☐ Contraceptive drugs for mares  ☐ Mares are spayed  ☐ Other, please list __________________________

Do you have the facilities and expertise to care for a pregnant mare that has been admitted to the rescue/sanctuary?
Have there been any births at the sanctuary?

- Yes
- No

If yes, please explain

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

ZOO N O T I C D I S E A S E P R O G R A M (V8)

Have you identified potential zoonotic diseases at your facility?

- Yes
- No

How are personnel made aware of the potential risk of zoonotic diseases at your facility?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Are personnel informed when a zoonotic disease occurs at the facility?

- Yes
- No

EUTHANASIA (V9)

Do you have a written euthanasia policy?

- Yes
- No

If no written euthanasia policy exists, please briefly describe your policy.

_____________________________________________________________
_____________________________________________________________

Under what circumstances do you have a necropsy performed on deceased animals? Check all that apply.

- All deaths
- Unknown cause of death
- Suspected infectious/contagious disease
- Not conducted

Are necropsies performed on-site?

- Yes
- No

WELL-BEING AND HANDLING OF EQUINES (W1-W7)

PHYSICAL WELL-BEING AND HERD MANAGEMENT (W1-W2)
Who routinely evaluates equines? Check all that apply.

☐ Professional trainer
☐ Executive Director
☐ Staff/Volunteer(s)
☐ Other __________________________

For people who routinely evaluate equines, what training have they had?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Are all equine provided daily routine grooming (curry, brush, mane, tail, hooves)?

☐ Yes
☐ No
☐ Other, please specify... __________________________

How is behavior of individual animals and groups monitored and recorded?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Do you practice positive reinforcement training methods?

☐ Yes
☐ No

If yes, please describe:
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

What types of training/enrichment activities are done with the equines? Check all that apply.

☐ Basic ground training
☐ Natural horsemanship
☐ Training under saddle
☐ Trail rides
☐ Riding lessons
☐ Equine assisted therapeutic programs
☐ Equine assisted learning programs
☐ Other __________________________

How often are equine getting training/enrichment activities?

☐ Daily
☐ Multiple times a week
☐ Weekly
☐ Other __________________________

Who participates in the above activities with the equines? Check all that apply.

☐ Trainer
☐ Staff or key volunteers
☐ Volunteers/donors
☐ Public
☐ Clients of Equine Assisted Therapeutic Program or Equine Facilitated Learning Programs
☐ Other, please list: __________________________
How do you determine the suitability of each equine for those activities?

________________________________________________________________________

________________________________________________________________________

INTRODUCTION OF UNFAMILIAR INDIVIDUALS (W3)

Describe how you introduce new equines to a herd.

________________________________________________________________________

________________________________________________________________________

Is there a separate space that can accommodate equine introductions, adopter/equine introductions, management of health issues or other reasons to separate?

☐ Yes
☐ No

BEHAVIORAL/PSYCHOLOGICAL WELL-BEING (W4)

Describe how new equines are evaluated for behavior and temperament?

________________________________________________________________________

________________________________________________________________________

Describe the type of enrichment activities you offer the equines. Check all that apply.

☐ Training
☐ Riding
☐ Lesson program
☐ Toys/Food
☐ Other, please list __________________________

HANDLING AND RESTRAINT (W6)

How are equines restrained for routine care and veterinary care?

________________________________________________________________________

________________________________________________________________________

ANIMAL TRANSPORT (W7)

Do you transport equines to or from your facility?

☐ Yes
☐ No

Do you have your own transportation trailer?

☐ Yes
☐ No

If yes, when was the last time the trailer underwent a comprehensive evaluation and maintenance by a trained individual, including floors, etc.?

________________________________________________________________________

________________________________________________________________________

Do you ensure transports are conducted in accordance with applicable regulations and laws?
Describe your transportation procedure including work to prepare, in process, and follow up (e.g. efforts to minimize stress, maintain welfare, abide by laws/regulations; send SOP, if written policy exists).

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What are the reasons that equines would be transported off of the property? Check all that apply.

☐ Medical and veterinary
☐ Adoption Foster
☐ Training
☐ Education
☐ Events
☐ Transfer to other facilities
☐ Other __________________________

Do you have any wild/feral equines?

☐ Yes
☐ No

If yes, do you ever transport them off the property?

☐ Yes
☐ No

Do all appropriate records accompany transported animals?

☐ Yes
☐ No