Arizona Department of Agriculture
Animal Services Division
Office of the State Veterinarian
1688 W. Adams Street, Phoenix, Arizona 85007
Phone: 602.542.4293    Fax: 602.542.4290

Veterinarian Equine Rescue Standards Statement

I, ______________________________________________, am certifying that the facility

(Veterinarian's Printed Name)

_____________________________________________________ is not inadequate with respect to

(Name of Equine Rescue)

any of the Arizona Equine Rescue Standards and have attached a signed copy of the completed
Arizona Rescue Standards Veterinary Checklist for Rescue/Retirement Facilities.

I hereby acknowledge the facility named above was verified pursuant to Arizona Revised Statues §
3-1350 (D)(1) and Arizona Administrative Code R3-2-708 (B)(3).

By my signature below, I agree the information contained herein and on the Arizona Rescue
Standards Veterinary Checklist for Rescue/Retirement Facilities is true and accurate. I understand
providing false information in the State of Arizona is a felony.

_________________________________________________________                ______________
Veterinarian's Signature                              Date

www.azda.gov
Veterinary Checklist for Rescue/Retirement Facilities
(Adapted from the Thoroughbred Adoption and Retirement Association’s (TARA) “Vet Check for Thoroughbred Adoption & Retirement Sites.”)

Note: This checklist is provided as a sample for use by a veterinarian when evaluating the facilities available at an individual rescue or retirement.

Scoring System for Checklist:
Excellent – 5
Good – 4
Adequate – 3
Fair – 2
Inadequate – 1
Add specific comments as needed.

Name of Facility: __________________________________________

Address: _________________________________________________

Primary Contact: __________________________________________

Telephone: __________________ Fax: ________________________

I. Horses

Number at facility: ______________ Maximum capacity: __________

Overall appearance and health: __________________________________

II. Preventative Care and Basic Health Management

____ Parasite Control Program ___________________________________
___ Vaccination Program

___ Dental Care

___ Emergency First Aid Kit

___ Health Records System

___ Injury Protocol

III. Feed Program

___ Hay

___ Pasture

___ Grain

___ Supplements

___ Storage of Hay, Grain & Supplements

___ Free Access to Hay

IV. Water

Indoor water supply: ___ Buckets ___ Automatic Waterers

___ Availability

___ Cleanliness

Outdoor water supply: ___ Tanks ___ Automatic Waterers ___ Naturally Occurring
V. Pastures and Paddocks

___ Cleanliness

___ Available for Turnout

___ Access to Feed and Water

___ Size

___ Division of Horses

VI. Fencing

___ Type

___ Condition

___ Safety

VII. Facility

___ Barns

___ Stalls

  Size:
Number: ________________________________

Isolation/Quarantine Area: ________________________

___ Run-in Sheds ________________________________

___ Living Quarters for Workers ________________________

___ Personnel Present at Facility at All Times ________________________

VII. Farrier

___ Regular Visits ________________________________

___ Quality of Care ________________________________

VIII. Horse Transportation
Please describe modes of transportation for horses available at this facility (van, truck trailer, etc.):

__________________________________________________________________________

IX. Equipment Condition

___ Tack ________________________________

___ Buckets ________________________________

___ Brushes ________________________________

___ Hoses ________________________________

___ Hay Racks ________________________________
X. Environment

__ Safety ________________________________

__ Cleanliness ____________________________

__ Bedding ________________________________

__ Manure Removal __________________________

__ Fly Control ______________________________

Additional Veterinary Comments:

_____________________________________

_____________________________________

Veterinarian: ____________________________

Date: ________________________________