



Arizona Department of Agriculture  
Animal Services Division  
Office of the State Veterinarian

1688 W. Adams Street, Phoenix, Arizona 85007  
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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 Statutes § 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

**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

\_\_\_ Availability \_\_\_\_\_

\_\_\_ Cleanliness \_\_\_\_\_

Please list all indoor/outdoor water sources:

\_\_\_\_\_

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