



## **Overview: 2026 Aftercare Organization Application for Accreditation**

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Thank you for your interest in applying for accreditation with the Standardbred Transition Alliance (STA).

**The mission of the STA is to inspect, accredit and award grants to approved organizations that acquire, rehabilitate, train and re-home Standardbred horses.**

The care and welfare of our horses is at the very foundation of the STA's mission, as it should be for each of its accredited organizations. In the application ahead, you will find an accreditation process that is purposefully comprehensive and demanding. Our responsibility to the horse, and to the industry, requires this attention to detail. This third-party audit shows to the public that an organization bearing the STA seal of accreditation has met, or exceeded, the highest requirements in the following ways:

- Your program is fully functional and well established. You are demonstrating stability, financial and operational transparency, responsible use of resources, and are adhering to sound and ethical business practices.
- You provide qualified and experienced horsemen, trainers, farriers, and veterinarians to make sure each individual horse's physical and psychological needs are being met while in your program.
- You have well-developed screening policies and are ensuring proper placement of each horse in suitable homes with adopters that have the skill set and resources to provide for a bright future.
- You provide each horse with a lifelong safety net, should they need assistance in transitioning again and at any time. Your adoption policies clearly define all terms, restrictions, reporting, return and rehoming options.
- You professionally and positively represent yourselves, Standardbred aftercare and the entire racing industry. You further recognize the importance of upholding the image and integrity of both aftercare and racing; and are working respectfully and collaboratively in efforts to educate horsemen, the public, media, regulators, legislators and others on our important work.

We recognize the time and effort necessary to complete this application process and greatly appreciate your interest in accreditation.

**The Board of Directors and Staff of the Standardbred Transition Alliance**

### **Submission of this application:**

1. Certifies that the information, including all attachments, is true to the best of your knowledge.
2. Grants the STA permission to make inquiries about your organization.
3. Indicates you accept and agree to schedule site visitation by a representative of the STA at any of the facilities housing the organization's horses at any time.

### **Completing the application:**

1. Answer all questions truthfully and completely.
2. Review your answers carefully, once submitted you may not be able to make any changes.
3. Keep a copy for your own records, application materials will not be returned.
4. If your organization is unable to answer a question, or it does not apply – please avoid leaving an answer blank by indicating “N/A”, “No” or “None”.
5. If you have questions or need assistance while completing this application, please email [administrator@standardbredtransition.org](mailto:administrator@standardbredtransition.org)

### **To File:**

- Application Deadline: **October 15, 2025**
- By E-Mail: The completed application with labeled attachments and all auxiliary forms can be sent to [administrator@standardbredtransition.org](mailto:administrator@standardbredtransition.org) If sending multiple emails, be sure to clearly label/number each and ask for a read-receipt or acknowledgment.

Or

- By Postal Mail: All application materials must be postmarked by deadline. It's recommended that you send all labeled materials and documents together in one package.

**Standardbred Transition Alliance**  
**P.O. Box 377**  
**Laurelville, OH 43135**

### **Review:**

The STA review begins with processing the application and determining eligibility. After this phase is complete, site inspections will be scheduled, and any further information will be requested.

The STA Accreditation Committee will formally review each applicant organization during meetings in February 2026 and will issue any offers of accreditation soon thereafter.

## Qualifying Requirements

1. Organization must have current status with the Internal Revenue Service (IRS) as a 501(c)(3). (Canadian applicant must be a registered charitable organization with Canada Revenue Agency.)
2. Organization must have been in operation for at least two years at close of the STA application period. This will be based on the filing date with the Secretary of State in the pertinent state.
3. Organization must comply with all applicable state, provincial and national licensing and permitting requirements related to the sourcing, transferring, rehoming, or brokering of horses. STA compliance statement can be viewed [here](#).
4. Organization must have a written euthanasia policy applicable to all stages of a horse's life with that group, from intake forward, consistent with that established by the American Association of Equine Practitioners (AAEP). That policy can be viewed [here](#).
5. Board members, staff and volunteers must not be a party to legal proceedings connected with the applicant organization.
6. Organization must have cared for a minimum of five Standardbreds in the year prior to close of applications.
7. Adoption contracts of the applicant organization must prohibit breeding of any adopted horse.
8. Post adoption protocol must include a minimum of two years documentation of the horse's location and condition, as well as a commitment to resume care of the horse at any point in the future, if requested.

## Auxiliary Forms

In addition to the application, there are three auxiliary forms that must be completed—for EACH facility that housed a horse.

1. **Facility Form**
2. **Veterinary Reference Form**
3. **Standardbred Inventory Form**

\*If your organization has multiple facilities, it is permissible to send one Standardbred Inventory Form— IF you are able to sort the LOCATION OF HORSE field by facility, grouping them together.

<b>Standardbred Inventory Form Terms</b>	
<b>Term</b>	<b>Definition</b>
<b>Adopted</b>	Horse ownership and custody was transferred to an adopter who completed the requisite adoption screening and signed contract(s).
<b>At Risk</b>	Horse came to your program from an undesirable situation, or in poor condition, with an unpromising future.
<b>Donated</b>	Horse is transferred into the program directly from the harness racing industry using a donation form.
<b>Euthanized/Died</b>	Horse was euthanized or died while in the program's custody or possession.
<b>Foster</b>	Horse's custody was transferred to a private individual who completed all foster screening requirements and signed foster agreement.
<b>Law Enforcement</b>	Horse came to you from a law enforcement agency with seizure authority.
<b>Registered Standardbred</b>	Horse has been issued a registration number with the United States Trotting Association or Standardbred Canada and has a microchip, freezebrand or tattoo that confirms identity.
<b>Rehabilitation</b>	Horse arrived unable to immediately start training or transitioning and is undergoing evaluation and treatment, with professional oversight, to return the horse to the condition level needed to resume transition/rehoming.
<b>Returned</b>	Horse was previously adopted out, but came back to the program because of adopter or program's request.
<b>Sanctuary</b>	Horse is a permanent resident of the program with no expectation of adoption
<b>Surrendered</b>	The horse's owner, directly or through a law enforcement agency or an agent, asked your program to take the horse.
<b>Training</b>	Horse is actively receiving the training necessary to make a successful transition to their next career or home, with a goal of making the horse more attractive to potential adopters.
<b>Transferred</b>	Horse's custody was transferred to another non-profit to better accommodate the horse's needs.

## Supporting Documentation

**Name of Organization:**

Attachment	Label (MUST label as listed below)	Indicate if included and how many
<b>Part I. Qualifying Requirements</b>		
IRS Determination Letter (or CRA Charitable Registration letter)	Attachment 1-A	
STB Horse Inventory Form	Attachment 1-B	
Euthanasia Policy	Attachment 1-C	
Permit/Licensing Compliance	Attachment 1-D	
<b>Part II. Identification</b>		
Corporate Identification	Use Form Provided	
Facility Form(s) –	Attachment 2-B + FACILITY NAME	
Proof of Accreditation by Other Organization (i.e., GFAS)	Attachment 2-C	
<b>Part III. Business Practices</b>		
Minutes from recent board meeting	Attachment 3-A	
Code of Ethics/Code of Conduct	Attachment 3-B	
By--Laws	Attachment 3-C	
Strategic Plan	Attachment 3-D	
Succession Plan	Attachment 3-E	
Current Land Ownership/Lease/Board/Foster Agreement(s) for all applicable facilities used or owned by the organization	Attachment 3-F + FACILITY NAME	
Other Agreement(s) related to organization’s facility	Attachment 3-G	
Current liability insurance policy	Attachment 3-H	
Current directors & officer’s insurance policy	Attachment 3-I	
Paid receipts for each insurance policy	Attachment 3-J	

<b>Part IV. Financial &amp; Accounting Practices</b>		
Most recent IRS Form 990 (or CRA T3010)	Attachment 4-A	
Statement of Functional Expenses	Attachment 4-B	
Balance Sheet	Attachment 4-C	
Profit & Loss	Attachment 4-D	
Operating Budget	Attachment 4-E	
Minutes where current year's budget was voted/approved	Attachment 4-F	
<b>Part V. Banking</b>		
Proof of a Checking Account	Attachment 4-G	
Business Loan Information	Attachment 4-H	
<b>Part VI. Fundraising</b>		
Documentation of fundraising expenses and revenues for each event/fundraiser	Attachment 5-A	
<b>Part VII. Employers, Volunteers</b>		
List of Employees, Volunteers	Use Form Provided	
Whistleblower Policy	Attachment 6-A	
Employee Handbook	Attachment 6-B	
<b>Part VIII. STB Education, Promotion, Marketing</b>		
Current press releases, articles, or any other form of media coverage the organization has received in the last 12 months	Attachment 7-A	
Examples of media presented by your organization that show your view of aftercare and the racing industry	Attachment 7-B	
<b>Part IX. Horse Health Care &amp; Management</b>		
Horse Intake/Evaluation Form(s)	Attachment 8-A	
Documentation requirements for horse on arrival	Attachment 8-B	
Overall Biosecurity Protocol	Attachment 8-C	
<b>Protocols for Each Facility</b>	Attachment 8-D-# + FACILITY NAME	

Biosecurity Protocol	Attachment 8-D-1	
Recently Paid Farrier Bill	Attachment 8-D-2	
Schedule for De-worming, Vaccination, Farrier, Dental Care	Attachment 8-D-3	
Invoices/Donation documentation for vaccinations/dewormer	Attachment 8-D-4	
Invoices/Donation documentation for Dental Work	Attachment 8-D-5	
Documentation of how euthanasia policy has been enforced. Either by providing a copy of a veterinarian invoice for euthanasia and/or a statement on reason for euthanasia provided by veterinarian.	Attachment 8-D-6	
Castration Policy	Attachment 8-D-8	
Horse Training Guidelines	Attachment 8-D-9	
<b>Part X. Adoption Policies</b>		
Horse Donor Form	Attachment 9-A	
Adoption Application	Attachment 9-B	
Liability Waiver for Visitors/Riders	Attachment 9-C	
Copy of Adoption Contract or Agreement	Attachment 9-D	
Boarding Agreement, Lien Waiver	Attachment 9-E	
Transfer of Ownership Agreement	Attachment 9-F	
List of Adoptees	Attachment 9-G	

**Identification Requested in Part II and Part VII**

**Identification**

**Your Corporate Name:** \_\_\_\_\_

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

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

**Website(s):** \_\_\_\_\_

**Facebook Page(s):** \_\_\_\_\_

**Facebook Groups:** \_\_\_\_\_

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

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

**Other Social Media:** \_\_\_\_\_

**Board Officers, Members, Trustees**

Name	Office/Title	Phone	Email

**Senior Management and Staff**

Name	Title	Phone	Email



**Other Service Providers – Accountant, Contractors, Fundraisers, Consultants**

Name	Job/Affiliation	Phone	Email

**Facility Directors and Trainers**

Name	Facility	Phone	Email

**Volunteers**

Name	Facility	Phone	Email



## 2026 Aftercare Organization Application for Accreditation

**Important:** This application is to be completed and signed by a person who is a Principal of the Applicant. A Principal includes: (a) an Applicant’s officers and directors; (b) an Applicant’s principal management employees, including CEO, CFO, GM or ED. The Applicant is referred herein as “You” or “Your Organization”.

The STA will direct all correspondence to the individual listed below.

Name	
Title/Office	
Organization Name	
Address	
City, State Zip	
Phone	
Email	

**For Standardbred Transition Alliance Use Only:**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Forms Complete: \_\_\_\_\_

## PART I: Qualifying Requirements

1. Has your organization been in operation for at least two years prior to close of applications on October 15, 2025?

Yes

No

2. List the date your organization began operation, based on your secretary of state filing (this may be prior to determination of 501(c)(3) status).

3. Does your organization have 501(c)(3) IRS not-for-profit status, or have charity registration status with Canada Revenue Agency?

Yes

No

**Enclose a copy of your IRS Determination letter, or CRA Charitable Registration letter, with this application.**

4. Does your organization comply with all applicable state, provincial and national licensing and permitting requirements related to the sourcing, transferring, rehoming, or brokering of horses? Can you confirm possession of all required licenses, permits or equivalent authorizations for operations in applicable jurisdictions?

Yes

No

**Please enclose copies of current permits or licenses with this application. To view the STA Compliance Statement, [click here](#).**

5. Are there legal proceedings pending against the organization or a principal of the organization and related to the organization? If so, please explain on a separate piece of paper.

Yes

No

6. How many registered Standardbreds did your organization care for, for as few as one day or as much as 365 days, between October 15, 2024 and October 15, 2025?

**At close of application period, applicants must have provided care for a minimum of five registered Standardbreds in the year prior. Registered Standardbreds leased by the organization or owned by third parties at the same facility should not be included.**

7. Does your organization have a written euthanasia policy consistent with that of the American Association of Equine Practitioners (AAEP)?

Yes

No

**Please enclose a copy of your organization's policy. The STA requires that euthanasia policies of accredited groups extend to all phases of a horse's life with that group, from intake forward. To view the AAEP euthanasia guidelines, [click here](#).**

8. Does your adoption contract prohibit the breeding of any Standardbred?

Yes

No

**Please attach a copy of your adoption contract.**

9. Do your adoption protocols provide mandatory follow up by your organization that documents the location and condition of the horse for a minimum of two years following their departure/adoption from your program?

Yes

No

**Please provide a copy of your follow-up protocols and procedures.**

## PART II: Identification

1. Please provide the following corporate information using the identification grid included with this application.
  - a. Your corporate name
  - b. Address
  - c. Email
  - d. Phone
  - e. Your web site
  - f. Your Facebook page
  - g. Your Twitter handle
  - h. Any other social media accounts and your identity on them
  - i. Identify the senior management, providing names, titles, phone numbers and e-mail addresses
2. Has your organization, or any officer, director, or employee of your organization, been the subject of any federal, state or local investigation or administrative, civil or criminal action, related to any alleged non-compliance with any statute, rule or regulation related to the care or treatment or veterinary treatment or inhumane treatment, neglect or abuse of animals or the alleged violation of rules or statutes related to non-profit entities?

Yes

No

**If yes, please specify when the action commenced, when it concluded, the name of the agency, nature, and resolution of the event:**

3. Provide the name and address of any and all government agencies that license applicant organization and the nature of the license and enclose a copy.

4. If your organization and/or facility(ies) is/are currently accredited by any other accrediting body, provide a copy of the accreditation along with contact information for the accrediting body (example – Global Federation of Animal Sanctuaries Accreditation, Equus Guardian, Thoroughbred Aftercare Alliance, etc):

### **PART III: Business Practices**

1. How often does your board of directors meet? Please specify if the meetings are in person, via conference call or a combination.

2. Please enclose minutes from your most recent board meeting, with the date included. Provide a list of all board members, including their address, e-mail, contact number, officer or committee status, if any, within the organization and their pertinent affiliation (for example, veterinarian, trainer, horse owner, attorney). If any of these members are related by blood or marriage to each other, please specify.

3. Do you have a code of ethics or code of conduct for the board of directors?

Yes

No

**If yes, please attach a copy.**

4. Provide a copy of your organizational by-laws (if by-laws aren't signed, send minutes showing approval of by-laws by the Board of Directors).
5. Provide your organization's mission statement along with any other governing principles, such as core values, vision statement, etc.

6. Do you have a strategic plan in place to help shape the program and provide guidance?

Yes

No

**If yes, please attach a copy.**

7. Do you have a succession plan for the operation of your program in the event key members of your leadership are unable to continue in their role?

Yes

No

**If yes, please attach a copy.**

8. Do you have proof of facility/land ownership or leasing/boarding agreement or foster care agreement for each facility used or owned by your organization?

Yes

No

**If YES, provide a signed copy of facility/land ownership or leasing/boarding agreement or foster care agreement for each facility used or owned by your organization.**

**If NO, explain the current situation for each facility. List the name, city, and state of each facility where your horses are housed, even if it is one horse.**

9. If any facility in use is owned by board member, volunteer or staffer of organization and property is leased, is rent paid to member?

Yes

No

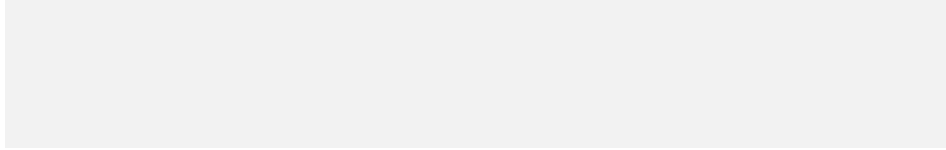
10. Does your organization have up-to-date general liability insurance?

Yes

No

**If YES, provide copies of your organization's current general liability insurance policy and paid receipts for the general liability policy.**

**If NO, do you have a plan for obtaining general liability insurance? If so, what is it?**



11. Does your organization have additional insurances, including but not limited to directors and officers(D & O) insurance and errors and omission (E & O) insurance?

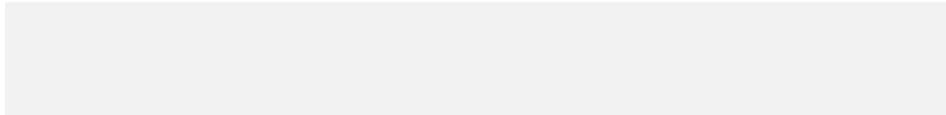
Yes

No

**If YES, provide copies of your organization's current D&O insurance and E&O insurance and provide paid receipts for each policy. If NO, explain why your organization does not carry D & O and E & O insurance.**

## **PART IV: Financial and Accounting Practices**

1. What is your fiscal calendar?



2. Do you have a signed 2024 IRS 990 or 990EZ? (Canadian applicants, T3010)

Yes

No

**If YES, please enclose. If NO, please send a copy of the 2023 IRS 990 or 990EZ (or CRA T3010) and explain why 2024 is not yet complete.**

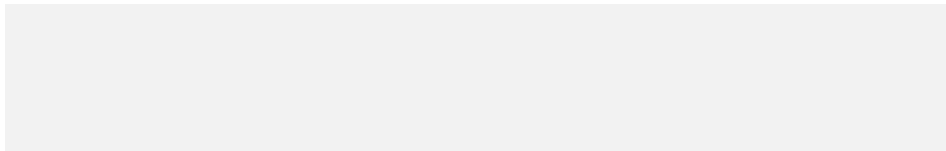
3. Do you have a statement of functional expenses for 2024?

Yes

No

**If YES, please enclose.**

**If NO, please send the statement for 2023 and explain the status of 2024 statement:**





4. Do you have a balance sheet for 2024?

Yes

No

**If YES, please enclose.**

**If NO, please send the balance sheet for 2023 and explain the status of 2024 balance sheet:**

[Redacted area for 2024 balance sheet information]

5. Do you have a profit and loss statement for 2024?

Yes

No

**If YES, please enclose.**

**If NO, please explain:**

[Redacted area for 2024 profit and loss statement explanation]

6. Please submit an interim statement of functional expenses, profit and loss and balance sheets for 2025 so far.

7. Do you conduct a professional audit annually?

Yes

No

**If YES, who performs the audit?**

[Redacted area for audit information]

8. Please provide the current year 2025 operating budget on attached sheet (forecast for both income and expenses).

9. Has your 2025 budget previously been voted on and approved by your Board of Directors?

Yes  No

**If YES, provide minutes showing where 2025 Budget was voted on and approved by Board:**

[Redacted]

**If NO, explain why:**

[Redacted]

## **PART V: Banking Procedures**

Your bank name and contact information:

[Redacted]

1. Provide proof of a business checking account (voided check, bank statement).

2. Please provide the name of signatories on checks.

[Redacted]

3. Are there any check amounts that require multiple signatures on your checks? If so, please specify the amounts and signatory names.

[Redacted]

4. Do you have any outstanding business loans?

Yes

No

**If YES,**

**Please summarize amounts, terms, and the reason for the loan:**

[Redacted]

**Are the loans all current and in good standing?**

**How is loan guaranteed?**

**Provide loan repayment schedules (if applicable).**

5. Do you have one or more endowments?

Yes

No

If YES, please submit a brief summary of any endowments.

## **PART VI: Fundraising**

1. Does your organization hold fundraisers?

Yes

No

If YES, what does your organization do to raise funds? Add an additional page if necessary.

Provide a list of fundraisers the organization has held during the past two years and document expenses, revenue, and net proceeds. For example: benefit trail ride on May 16, revenue of \$5,280, expenses \$2,040, net \$3,240.

If NO, explain why you do not fundraise:

## **PART VII: Employees/Volunteers**

1. Provide a list of employees and/or volunteers who assist with the organization's administrative and horse care operations along with a title/brief job description

and breakdown of the average weekly work schedule (number of days/hours).

2. Does your organization provide continuing education and/or training for employees or volunteers?

Yes

No

**If YES, provide a list of continuing education and training your employees and/or volunteers have attended in the last 12 months, as well as the number who attended. (Equine expos or clinics, private or public training sessions, and staff retreats are examples of continuing education.)**

**Provide any further information concerning training of employees and/or volunteers.**

**If NO, explain why you do not provide continuing education and training programs.**

3. Do you have a whistleblower policy for your volunteers or employees regarding an obligation to report abuse or neglect and protection from retaliation?

Yes

No

**If YES, please enclose a copy of that policy.**

## **PART VIII: Education/Promotion**

1. Does your organization make an effort to promote humane Standardbred aftercare through educational programs? Examples of educational programs include training demonstrations or seminars, having booths at racetracks or expos, or involvement with equine or youth programs such as Pony Clubs, 4-H, Scouts, and college groups.

Yes

No

**If YES, please explain what your activities have occurred in that regard in the past 12 months.**

2. Does your organization have a working relationship with racetracks?

Yes

No

**If YES, please explain that relationship and note the name, email address and number of the track contact.**

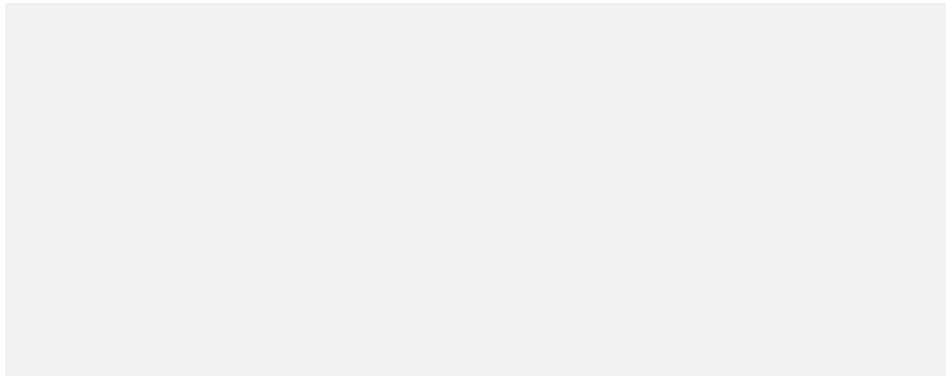
## PART IX: Marketing

1. Does your organization provide basic marketing for the organization's mission as well as for the horses in your care? Marketing may include website, television, radio, online, social media or print media.

Yes

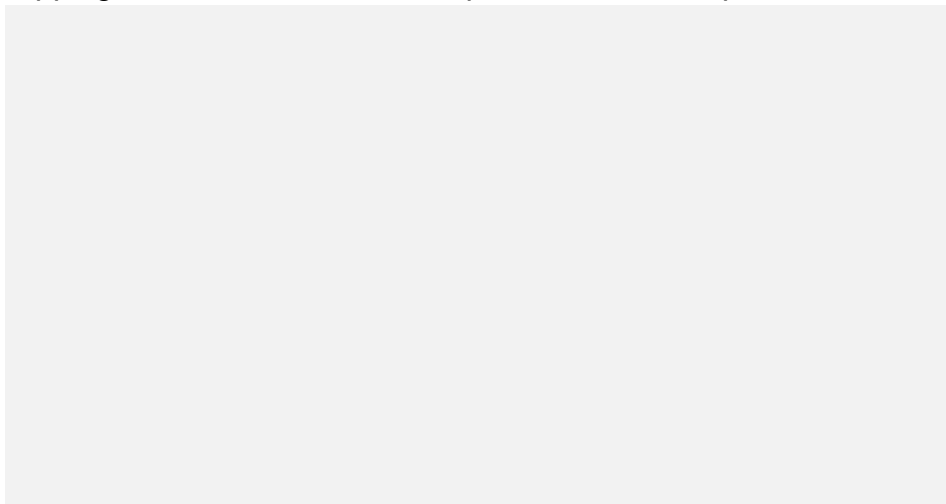
No

**If YES, Provide a list and brief description of marketing efforts for your organization's mission.**



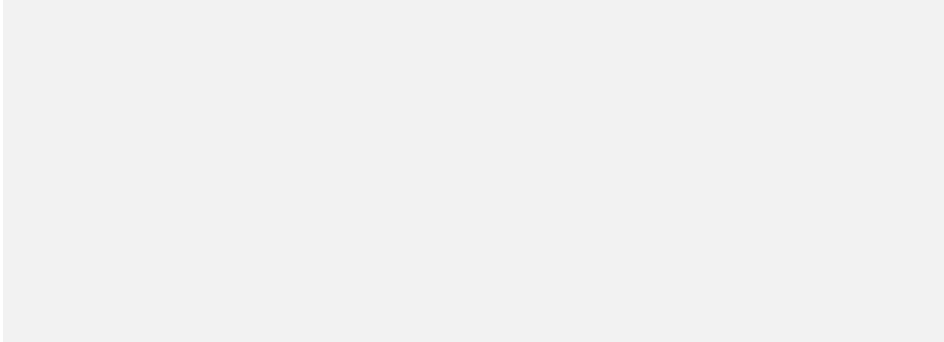
**Communications from your group presented either via press release, Internet, articles, or interviews from the organization should portray a positive outlook on Standardbred aftercare and the racing industry.**

2. How does your organization work to provide a positive outlook on Standardbred racing and aftercare via any and all media sources? If there are examples, clippings, YouTube videos, etc., please enclose copies and links.

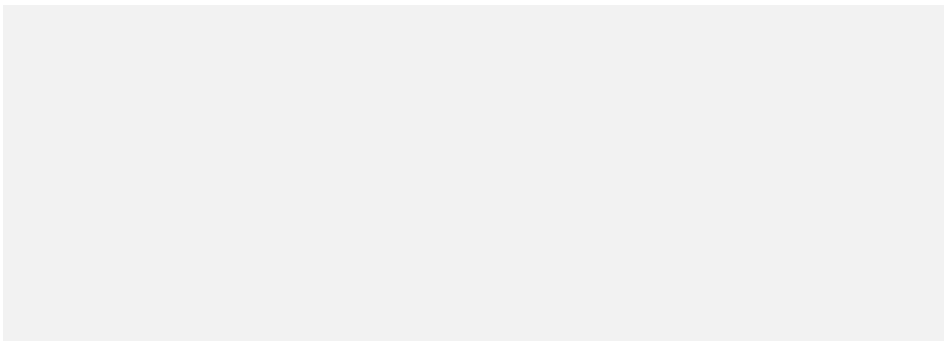


## **PART X: Horse Health Care Management**

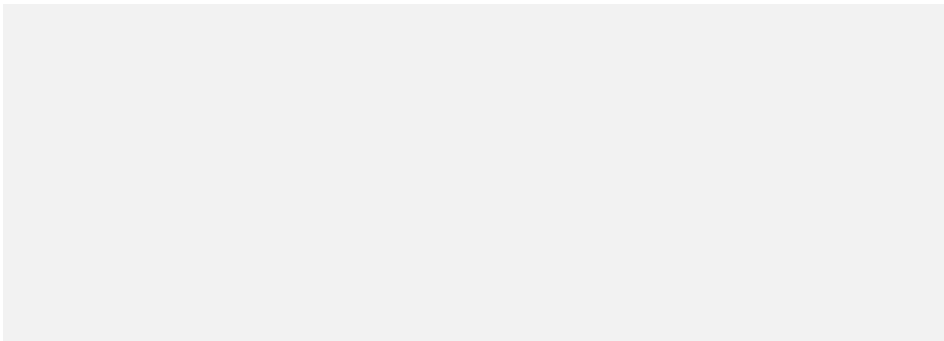
1. What procedures does your organization have in place to ensure that competent, experienced personnel are available at all times to oversee the facility or facilities that care for your horses? Include how you incorporate veterinarian care and oversight to all facilities used by your organization.



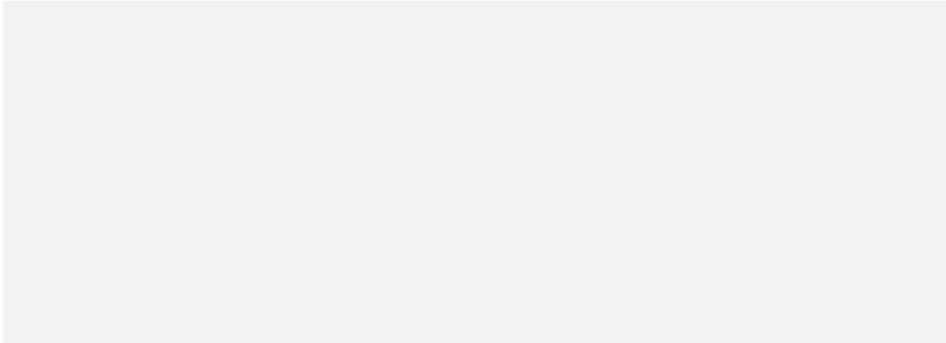
2. Please explain your succession plan for the ongoing operation of your organization and the care of your horses should your main director/caretaker be unable to fulfill their duty for any reason. If you have a written succession, no need to rewrite it here, just enclose. If you do not have a succession plan, please explain why.



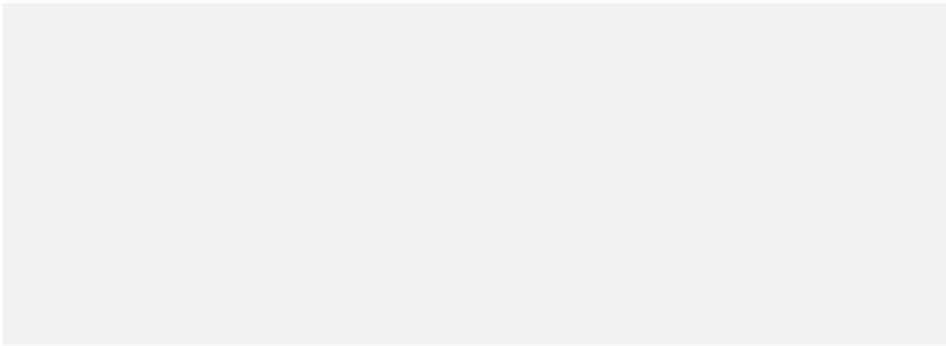
3. Describe your intake process for receiving horses into the organization. Include type of horses your organization takes in, disqualifying conditions or factors that preclude acceptance of a horse and the screening process if applicable.



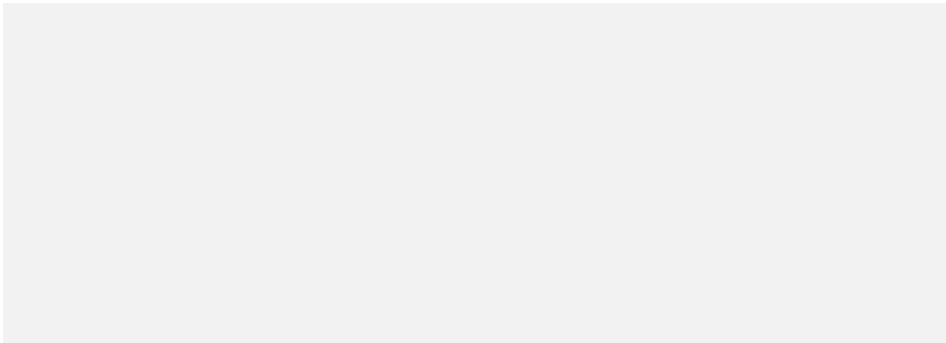
4. Describe requirements for each horse upon arrival, procedures for documenting each horse's health history and treatments and provide copies of any forms used in that documentation.

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5. List or attach your organization's overall biosecurity protocols for infectious disease control. List biosecurity protocols, including areas for quarantine for EACH facility that houses horses for your organization.

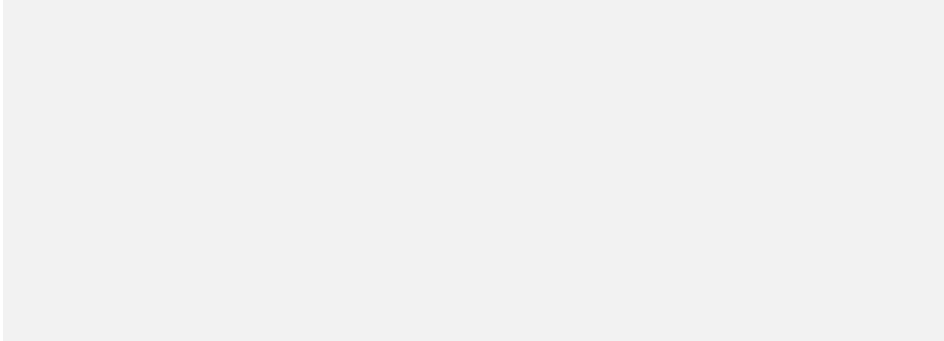
A large rectangular grey box redacting the response to question 5.

6. Explain your organization's feeding and water program and how you monitor each horse for health and condition. Include the most recently paid monthly feed invoice or board bill (if feed is included) for EACH facility that houses horses for your organization.

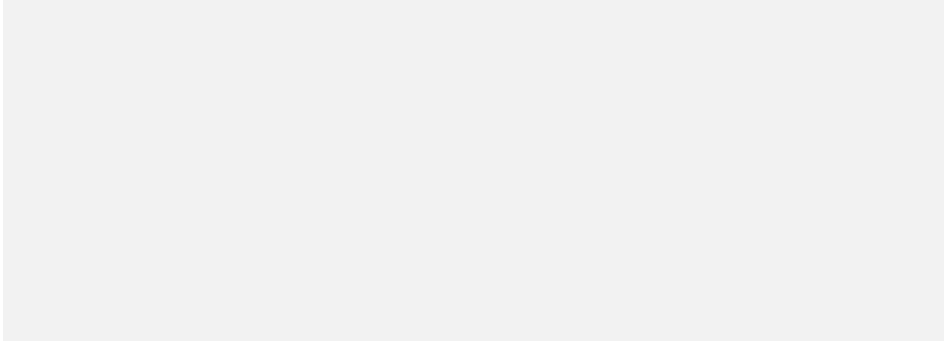
A large rectangular grey box redacting the response to question 6.



7. Explain your hoof care program for ensuring each horse receives regular hoof care at your facility or facilities including how often hooves are trimmed or assessed. Please provide documentation showing the most recent farrier invoice for EACH facility that houses horses for your organization.



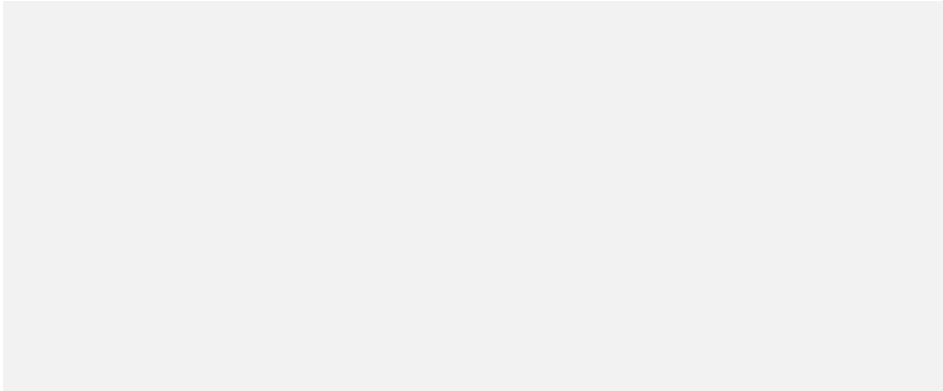
8. Explain your protocols and schedules for de-worming, vaccinations, and dental care for your horses. If you do not have such protocols, please explain why.



9. Provide documentation (receipt, invoice) showing the most recent purchase or veterinary invoice for de-wormer and vaccines for EACH facility that houses horses for your organization. Documentation showing proof of donated de-wormer and/or vaccinations is sufficient.

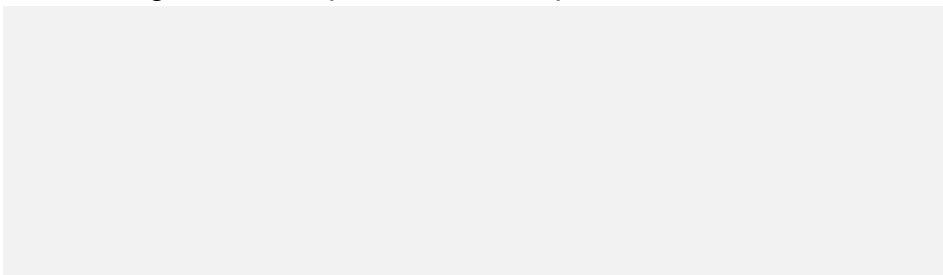
10. Provide documentation (receipt, invoice) showing the most recent dental invoice for each facility that houses horses for your organization.

11. Provide the names of the Standardbreds your organization euthanized in the past 12 months including the reason for each instance of euthanasia.



12. Provide documentation of how the euthanasia policy has been enforced either by providing a copy of a veterinarian invoice for euthanasia and/or a statement on reason for euthanasia provided by veterinarian (only one example necessary).

13. Provide organizational protocols for disposal of dead horses.



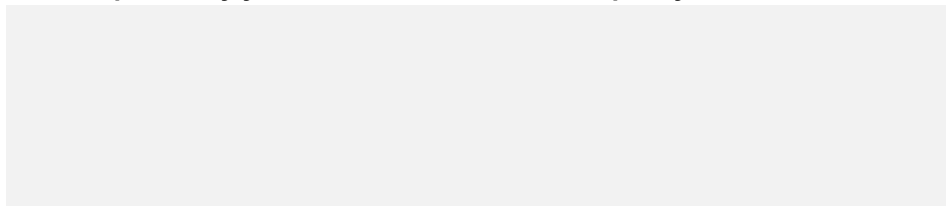
14. Does your organization have a written castration policy?

Yes

No

**If YES, provide a copy of your castration policy.**

**If NO, explain why you do not have a castration policy.**



15. If your organization boards horses or utilizes satellite/foster facilities, how are your protocols provided and implemented at each facility to ensure optimal care for horses?

16. What type of services does your organization provide (mark all that apply)?

- Sanctuary
- Rehabilitation
- Retraining and Adoption
- Equine Assisted Program
- Other

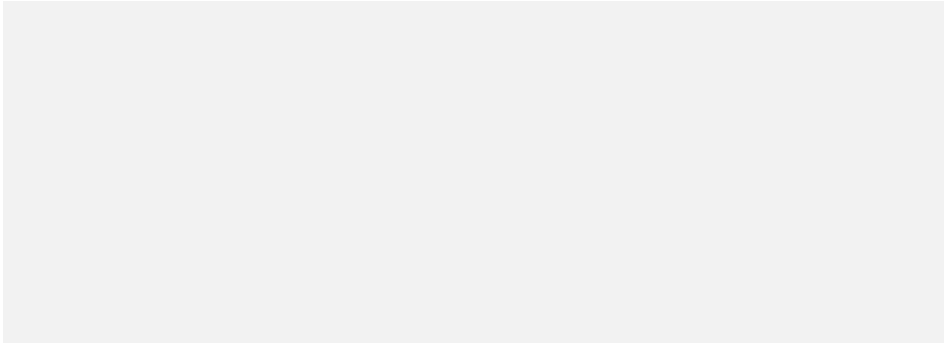
17. What is the maximum number of Standardbreds your organization can care for on a daily basis?

18. How many Standardbreds were placed in adopted homes by your program last year?

19. How many Standardbreds previously adopted by your program were re-homed again last year?

## PART XI: Adoption Policies and Protocol

1. If your organization provides equine assisted programs (e.g., equine assisted activities and therapies, riding lessons), provide your guidelines for retirement of a horse from the program and procedures for placement or sanctuary care of the horse upon retirement.



2. Does your organization have a screening process for prospective adopters?

Yes

No

**If YES, please enclose a copy of that process and adopter application.**

3. Does your organization allow prospective adopters to ride a horse prior to adoption?

Yes

No

Does not apply

4. Does your organization have a standard liability waiver in place for visitors to the facility?

Yes

No

5. Do you require a signed contract or agreement for every horse adopted from your organization that states a “no-racing policy”?

Yes

No

Does not apply

6. Do you enroll every adopted horse in the USTA’s Full Circle Program and screen new horses for Full Circle enrollment?

Yes

No

**If NO, explain why:**

7. Do you facilitate converting a horse to Pleasure Registration upon intake in your program?

Yes

No

**If NO, explain why:**

8. Does your adoption contract or agreement have any provisions concerning the commercial use of adopted horse (therapy or lesson program, etc.)?

Yes

No

Does not apply

9. Does your organization ensure legal custody of horses by requiring donor/surrender agreements, transfer documents, boarding agreements, conditional bill of sale, etc.?

**If YES, please enclose copies of all documents.**

Yes

No

10. Does your organization have a protocol that ensures the returning of horses to you in cases when adopters are no longer able to care for them? If yes, please enclose a copy of your return policies and procedures (return intake form, etc)

Yes

No

11. Does your organization have a policy for following up on an adopted horse's progress in its new environment?

Yes

No

Does not apply

**If YES, how long does your follow up protocol extend for each horse?**

[Redacted text box]

### **PART XIII: Acceptance of Terms and Conditions**

Name: [Redacted text box]

Signature: [Redacted text box]

Title: [Redacted text box]

Date: [Redacted text box]

I, the above named representative of the above named organization certify that the information in this application, including any and all attachments, is/are true to the best of my knowledge and hereby give the Standardbred Transition Alliance (STA) permission to make inquiries about our organization to assist in their evaluation of our accreditation application. In addition, our organization accepts and agrees to accept site visitation by a representative of the STA at all facilities housing the organization's horses at any time.