



FACILITY FORM

2027 Accreditation Application

This form must be filled out **BY THE FACILITY CONTACT** for **EACH** facility that houses horses for the Applicant Organization. The Facility Contact is the person who owns, or manages, the property where the organization's horses live.

Facility Name: _____

Facility Physical Address: _____

Facility Phone Number: _____

Facility Contact Person:

Your Name: _____

Title/Position: _____

Phone Number: _____

Applicant Organization: _____

Organization Contact Person (Who do YOU primarily deal with?):

Name: _____

Title/Position: _____

Phone Number: _____

Space for additional name(s), if necessary: _____

Please answer the following questions:

1. Does the Organization own this facility? ☐ Yes ☐ No

If NO, list the name and contact details for the owner of this facility.

Name: _____

Phone: _____

Email: _____

2. Explain your relationship/agreement with this Organization, how long the Organization has had horses at your facility, and what services your facility provides.

3. Explain how your facility is compensated for its services and note whether the Organization is current on its payments for services.

4. Does your facility have a veterinarian that can vouch for the overall care and well-being of the horses at your facility and is able to respond to emergencies? ☐ Yes ☐ No

If Yes provide the name, address, email and contact of the veterinarian.

If No, explain why you do not have a veterinarian.

5. Does your facility house only Standardbreds that are part of the Applicant Organization?
☐ Yes ☐ No

If Yes,

- A. List how many registered Standardbreds from the Organization are currently housed at your facility?

- B. What is the maximum number of horses your facility can house?

- C. Does the number of Standardbreds from the Organization change throughout the year?
If yes, please explain and give a range.

If No, provide the number or range of horses not cared for by the Organization but housed at your facility and briefly explain their ownership.

6. What type of service(s) does your facility provide to the Organization?

☐ Adoption ☐ Retraining ☐ Rehabilitation ☐ Other

If Other, please explain: _____

NOTE: The following section should be answered solely in regard to the Standardbreds at your facility that are under the Organization's care.

7. Does your facility provide a source of shelter to the horses in your care? ☐ Yes ☐ No

If Yes, provide a detailed description of the shelter(s) provided, such as run-in sheds/stalls.
If No, explain why your facility does not have a source of shelter.

8. Does your facility have an emergency management plan in place to ensure care and safety of horses at all times in case of flood, hurricane, blizzard, tornado, or other natural disaster?
☐ Yes ☐ No

If Yes, please provide a description of the emergency plan that ensures ongoing care and safety of horses OR attach a copy of that plan and submit with this form.
If No, explain why your facility does not have a written emergency plan.

9. Does your facility provide sufficient pasture land and/or enclosures that meet the needs of the horses served? ☐ Yes ☐ No

If Yes, provide the total number of acreage of pasture or paddocks that the horses in the Organization's care can use.

Provide a description of your facility's pastures and/or paddocks used by the Organization including the approximate size and number of horses in each one.

If No, explain why you do not have pastures or paddocks.

10. Describe the fencing at your facility. If you have more than one type of fencing, please note:

Additional space for answers, as needed:

I certify that the information in this Facility Form, 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 the facility to assist in their evaluation of the Organization's accreditation application.

In addition, I understand that the Organization is applying for accreditation with the STA, which involves inspection of my facility by STA inspectors during the accreditation application period and during the accreditation period. I agree to acceptance of site visitation by STA inspectors at any time.

Name: _____

Date: _____

Signature: _____