



Veterinarian Reference Form

2027 Accreditation Application

Applicant Organization's Name: _____

Facility Name where you provide equine services: _____

Facility Address: _____

Your Contact Person there: _____ Phone: _____

This confidential reference form must be completed by the licensed veterinarian that provides regular care at the applicant's facility and sent directly to the Standardbred Transition Alliance at the address below.

As an important requirement of the STA's application for accreditation, each organization must submit a veterinary reference form for each facility that houses one or more of their horses. This includes boarding, training, quarantine or foster facilities separate from any main location.

We would appreciate if you would answer the following questions based on your experience in working with the named facility above. Feel free to add further comments as needed.

*Please note that all information provided will be held strictly confidential and will not be revealed to the applying facility.

Veterinarian Name: _____ License Number: _____

E-mail: _____ Phone: _____

Mailing Address: _____

If you have any questions, please contact STA Administrator, Jennifer Daniels at administrator@standardbredtransition.org or by phone (614) 499-2198.

To submit this completed document, simply scan/send to the email address above, or mail to:
Standardbred Transition Alliance, P.O. Box 377, Laurelville, OH 43135

1. How long have you been providing services to the named facility?

2. About how often do you visit the named facility?

3. About how many total horses in the care of the Organization are housed at the facility?

4. What type of services(s) does the facility provide to the Standardbreds in its care? (mark all that apply)

☐ Adoption ☐ Rehabilitation ☐ Retraining ☐ Other (please specify): _____

For each of the following questions, please use the rating system below to fill in the blank. Answer each question based only upon the horses you see that are under the direct care of the named organization:

“5” for Excellent

“4” for Good

“3” for Adequate

“2” for Fair

“1” for Inadequate and in need of immediate remediation

N/A for Not Applicable

Equine Health Care

5. How would you rate the overall appearance and health of the horses at the facility?

Rating: _____

Please describe any concerns:

6. How would you rate the vaccination program utilized by this facility?

Rating: _____

Please describe any concerns:

7. How would you rate the de-worming program utilized by this facility?

Rating: _____

Please describe any concerns:

8. How would you rate the hoof care program?

Rating: _____

Please describe any concerns:

9. How would you rate the dental care program?

Rating: _____

Please describe any concerns:

10. How would you rate the feeding program?

Rating: _____

Please describe any concerns:

Facility

11. How would you rate the shelter provided to the horses?

Rating: _____

Please describe the shelter provided to the horses and any concerns you have about it:

12. How would you rate the water supply for horses housed inside?

Rating: _____

Please describe any concerns:

13. How would you rate the water supply for horses housed outside?

Rating: _____

Please describe any concerns:

14. How would you rate the overall condition of pastures and paddocks?

Rating: _____

Please describe any concerns:

What type of fencing is used? _____

Is there any barbed wire fencing in use? ☐ Yes ☐ No

15. How would you rate the overall condition of the fencing?

Rating: _____

Please describe the fencing and any concerns you have with it:

Retirement /Sanctuary Program

16. If the facility has any long-term retirement/sanctuary horses, how would you rate the program on their ability to monitor the health of the herd throughout the year?

Rating: _____

Please describe any concerns:

Rehabilitation Program

17. If the facility rehabilitates injured and/or sick horses, how would you rate the program on their ability to do so successfully?

Rating: _____

Please describe any concerns:

Training Program

18. If the facility provides training for a new discipline, how would you rate the training facilities and the program's ability to successfully provide transitional training to the horses?

Rating: _____

Please describe the transitional training program and facilities and any concerns you have:

Staff

19. Do you feel the staff, volunteers, and/or contractors who oversee the handling, daily care, and training of the horses are qualified and experienced horsemen and women?

☐ Yes ☐ No Please explain any concerns:

Euthanasia

20. Does the facility follow a euthanasia policy consistent with that of the American Association of Equine Practitioners (AAEP)? If “yes,” were you involved in establishing the euthanasia policy of this organization?

☐ Yes ☐ No

21. Do you feel there are horses at the facility that need to be euthanized based on the criteria of the euthanasia policy of the AAEP? If “yes,” please explain.

☐ Yes ☐ No

Improvements

22. Are there any areas which you feel the facility should improve upon? If “yes,” explain.

☐ Yes ☐ No

Signature of evaluating veterinarian: _____

Print Name: _____ **Date:** _____

Thank you.

We recognize the time and effort necessary to complete this form and greatly appreciate your assistance in the accreditation process. You are supporting an effort that we believe elevates and sustains a consistent level of care for horses in transition to a new life and career.

The Board of Directors and Staff of the Standardbred Transition Alliance