



Routine Herd Inspection Policy

Policy Date: June 28, 2012

Effective Date: January 1, 2013

Purpose: Ensure herd health and promote donor confidence by having routine scheduled visits by TRF Herd Manager and a licensed veterinarian.

Scope: This policy covers all TRF horses under TRF's direct care. Adopted horses are excluded from this, as adopters fall under the adoption care policy.

Responsibility:

- TRF will have a licensed veterinarian visit and give an overall evaluation of the condition of each TRF facility and herd according to the schedule below, or more often as indicated by Herd Committee.
- In addition, each individual horse will be examined by a licensed veterinarian every six months, or more often as indicated by Herd Committee.

Administrative: A licensed veterinarian will evaluate each TRF facility and herd according to the following schedule:

1. Jan-Feb
2. April-May
3. July-August
4. Oct-Nov

As part of this quarterly inspection, the veterinarian will report on the general condition of the herd and the facility. The attached form (1) should be filled out and signed by the veterinarian and returned to the TRF Herd Manager. If the evaluation presents any concerns, the TRF Herd Manager will send the evaluation to the CEO and Herd Committee immediately upon receipt so that a course of action can be determined.

In addition, each horse will be examined by a veterinarian every six months, or more as needed. *The attached form (2) will be completed and returned by the veterinarian to the TRF Herd Manager.*

TRF's Herd Manager, a member of the Herd Committee, or a Herd Committee designee will visit each facility no less than twice per year and report findings to the Herd Committee.

Results of individual inspections of horses will be given to the Herd Manager and logged into the herd database by the TRF Herd Manager.



Facility Inspection Form
Please submit quarterly

Section A to be filled out by Farm Manager or Herd Manager (Please Print):

Section A:

Farm: _____ Date: _____

_____ Farm Manager: _____ Sections

B and C to be filled out by a VETERINARIAN ONLY:

Section B:

Name of Veterinarian: _____

Tel Number: _____

Business Address: _____

Veterinarian's Signature: _____

Date of Evaluation: _____

Section C:

General Appearance of Horses in Herd:

Horses in need of attention:

Your comments are appreciated:

Please Return To:
TRF HERD MANAGER
P.O. Box 13218 Lexington, KY 40583 (859) 519-8355 (859) 918-0317 fax



Horse Evaluation Form
Please submit every six months per facility

Section A to be filled out by Farm Manager or Herd Manager (Please Print):

Section A:

Farm: _____ Sections

B and C to be filled out by a VETERINARIAN ONLY:

Section B: (fill out once per visit)

Name of Veterinarian: _____

Telephone Number: _____

Business Address: _____

Veterinarian's Signature: _____

Section C: (fill out for each horse)

Horse's Jockey Club Name: _____

Tattoo#: _____

GENDER: _____

COLOR: _____

AGE or DOB: _____

BODY CONDITION SCORE ACCORDING TO HENNEKE SCALE: _____

GENERAL CONDITION

HOOVES: _____

TEETH: _____

SKIN/COAT: _____

EYES/EXPRESSION/DEMEANOR: _____ *SOUNDNESS*

IS HORSE SOUND FOR RIDING? Y/N IF NOT, WHY:

OTHER/COMMENTS/SPECIAL DIET: _____

Please Return To:

TRF HERD MANAGER | P.O. Box 13218 | Lexington, KY 40583 | (859) 519-8355 | (859) 918-0317 fax



I have read and understood the Farm Manager Routine Herd Inspection Policy

Farm Manager: _____ Date: _____

SAMPLE