






EQUINE CARE PROGRAM

VERIFICATIONS

Outlined below is the pre-assessment and on-farm assessment criteria for the Equine Care Assessment Program. Beside each requirement, assessors will indicate if that requirement is met (“yes”), a component or its entirety is not met (“no”), or, in some cases, if the requirement is not applicable to the facility being assessed (“N/A”). In the next column, the level of corrective action if the requirement is not met is listed. These levels are:

 Facilities who do not meet or fully meet the requirements classified as **RECOMMENDATIONS** will not receive a Corrective Action Request (CAR) form and it will not affect their certification status.

 Facilities who do not meet or fully meet the requirements classified as a **MINOR** non-compliance will receive a Corrective Action Request (CAR) form outlining where they did not meet the requirements. During the closing meeting, the facility owner will have the opportunity to submit an action plan to the assessor regarding this non-compliance. This will be recorded on the CAR form and submitted with the assessment. Facilities with minor non-compliances may still be certified. At the next on-farm assessment, if the minor non-compliance has not been corrected, it will become a **MAJOR** non-compliance and jeopardize the facility’s certification status.





 Facilities who do not meet or fully meet the requirements classified as a **MAJOR** non-compliance will receive a Corrective Action Request (CAR) form outlining where they did not meet the requirements. This CAR form will be submitted with the assessment report, and facilities will have **seven days** from the date of their on-farm assessment to submit an action plan detailing how they intend to rectify the non-compliance through ECampus. Facilities who do not submit an acceptable action plan during this period will be disqualified from certification. Facilities with a major non-compliance on their records will be required to complete their next on-farm assessment in two years instead of four, unless they provide additional proof that the non-compliance has been corrected.








PRE-ASSESSMENT




The documents listed under **Criteria 1 to 3** must be submitted online through EC’s ECampus. These sections are scored prior to the on-site assessment and must be complete in full before the on-farm assessment portion can proceed.







CRITERION 1. VCPR AND 2. HERD HEALTH PLAN

Indicate yes or no if the facility has submitted the following documents:

No	Requirement	Met?	Level
1.0	Facility has a written VCPR Validation Form, signed and dated by the Attending Veterinarian and the facility owner within 12 months of the assessment date.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	Includes: <ul style="list-style-type: none"> • Attending Veterinarian’s first and last name, clinic or business name and address, and phone number. • Attending Veterinarian’s signature and date of signage. • Facility address. • Facility owner’s first and last name, and phone number. • Facility owner’s signature and date of signage. • A statement that a VCPR is established between the Attending Veterinarian and facility owner. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
2.0	Facility has a written Herd Health Plan Review Form, signed and dated by the Attending Veterinarian and the facility owner within 12 months of the assessment date.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	Includes: <ul style="list-style-type: none"> • Attending Veterinarian’s first and last name, clinic or business name and address, and phone number. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

	<ul style="list-style-type: none"> • Attending Veterinarian's signature and date of signage. • Facility address. • Facility owner's first and last name, and phone number. • Facility owner's signature and date of signage. • A statement that the Attending Veterinarian has reviewed the facility's herd health plan and the protocols are appropriate for maintaining herd health. 		
2.1	Facility has a written Parasite Control Protocol.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	Includes: <ul style="list-style-type: none"> • Parasite control method(s). • Frequency of method(s) used. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
2.2	Facility has written Parasite Control Records.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	Includes: <ul style="list-style-type: none"> • Horse identifier (e.g., name of horse). • Date of parasite treatment or date of testing (e.g. fecal egg counts). 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
2.3	If the Attending Veterinarian has advised the facility to vaccinate horses, the facility has a written Vaccination Protocol to prevent disease.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	Includes: <ul style="list-style-type: none"> • Types of vaccine(s) administered. • Frequency of vaccination. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
2.4	If the Attending Veterinarian has advised the facility to vaccinate horses, the facility has written Vaccination Records.	<input type="radio"/> Yes <input type="radio"/> No	

		<input type="radio"/> N/A	
	<p>Includes:</p> <ul style="list-style-type: none"> • Horse identifier (e.g., name of horse). • Vaccines administered. • Date of vaccine administration 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
2.5	Facility has a written Sick and Injured Horses Protocol.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	<p>Includes:</p> <ul style="list-style-type: none"> • All horses are observed at least once per day for signs of well-being. • Information about signs of lameness and laminitis (founder), dental problems, colic, and infectious diseases (e.g., respiratory infections, equine infectious anemia), and parasitism in horses. • Information about signs of toxicity in horses (e.g., from toxic plant consumption) • Information about normal vital signs of horses. • Sick or injured horses are identified and treated, and veterinarian advice is sought on appropriate care and treatment if horses do not improve, or arrangements for euthanasia are made, as needed. • Medications are purchased from regulated and reputable sources, including a veterinarian or veterinary clinic, pharmacy or veterinary pharmacy, or licensed animal medicine outlet. • Medications administered to horses are used in consultation with and as per the advice and directions of the prescribing veterinarian. <p>If the facility has client horses, the protocol must include:</p> <ul style="list-style-type: none"> • Actions taken to notify a client if their horse is sick or injured. • Actions taken to treat a client's horse that is sick or injured, if the client cannot be contacted in a reasonable amount of time or refuses to provide treatment, causing the horse to be in distress. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

2.6	Facility has a written Infectious Disease Protocol.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	<p>Includes:</p> <ul style="list-style-type: none"> Any new arrivals are segregated from resident horses for at least seven days and their health status monitored. There is a designated segregation area (indoors or outdoors) where new arrivals or sick horses are housed. At minimum, the segregation area must prevent nose-to-nose contact with other horses. Water and feed sources in the segregation area are cleaned between uses. Actions taken to segregate suspected or confirmed cases of infectious disease and prevent or limit the spread of disease. Authorities are advised of horses that are suspected or confirmed to have a federally reportable disease 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
2.7	Facility has a written Heat and Cold Stress Protocol.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	<p>Includes:</p> <ul style="list-style-type: none"> Information about signs of heat and cold stress in horses. Actions taken to assist horses that show signs of heat or cold stress. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
2.8	If the facility has gestating mares or jennets, the facility has a written Foaling and Newborn Care Protocol.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	<p>Includes:</p> <ul style="list-style-type: none"> Gestating mares or jennets are observed close to foaling at least twice per day for signs of health, well-being, and foaling. Expert advice or help from veterinarian or experienced personnel is sought if any abnormalities are observed 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

	<p>during birth (e.g., foal is not visible after 10 minutes of active labour), following birth or as needed.</p> <ul style="list-style-type: none"> Newborn foals are monitored to ensure they can rise and suckle unassisted. Foals receive colostrum. If colostrum is not available, an alternative antibody source is readily available. 		
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CRITERION 3. BOARDING AGREEMENT

This section is only scored for facilities that have client horses. Otherwise, leave blank and indicate in notes that the facility does not have client horses.






Client horses refer to any horses at the facility that are owned by other parties. For example, any horses that are boarded at the facility for care, training or exercise, rehabilitation, or breeding purposes are considered client horses.



Facility has a written Boarding Agreement that is provided to and signed by all clients. **Yes / No**

Indicate yes or no if the Boarding Agreement includes or references the following:

Number	Requirement	Met?	Level
3.0a	Parasite Control Protocol	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Ma
3.0b	Sick and Injured Horses Protocol	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Ma
3.0c	Infectious Disease Protocol	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Ma
3.0d	Heat and Cold Stress Protocol	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Ma

3.0e	Hoof Care Protocol	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
3.0f	Humane Handling and Training Ethics Agreement	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
3.0g	Vaccination Protocol	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
3.0h	Newborn and Foaling Care Protocol	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
3.0i	Blanketing Protocol	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	





Notes:

The sections above are a part of the **Pre-Assessment Package**, and as such are required to be completed in full in order to proceed with the on-farm assessment portion. This section is managed by the ECP Coordinator.

ON-SITE ASSESSMENT





The requirements listed under **Criteria 4 to 14** will be evaluated at the equine facility.

CRITERION 4. HOOF CARE

No	Requirement	Met?	Level
4.0	Facility has a written Farrier Schedule.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	 Mi
	Includes: <ul style="list-style-type: none"> • Horse identifier (e.g., name of horse). All horses at the facility are reflected in the schedule, including client horses (if applicable). • Farrier first and last name, or company name. • Scheduled trimming date(s). 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	 Mi
4.1	<u>If the facility has client horses</u> , the facility has a written Hoof Care Protocol, and it is included in the Boarding Agreement.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	 Mi
	Includes: <ul style="list-style-type: none"> • Clients are responsible for ensuring their horse's hooves are trimmed and maintained to prevent hoof overgrowth and abnormalities (e.g., cracks) that may cause injury or discomfort to horses. • Actions taken if a client's horse is in distress due to hoof overgrowth or abnormalities 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	 Mi

Notes:



CRITERION 5. HEALTH AND IDENTIFICATION PROCEDURES







No	Requirement	Met?	Level
5.0	<p>If the facility uses a <u>non-veterinarian (operator)</u> to perform castration on horses, and it is permittable by provincial legislation, the facility has a written VCPR Castration Validation Form.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	<p>Includes:</p> <ul style="list-style-type: none"> • First and last name of the operator, business name (if applicable), and phone number. • Operator’s signature and date of signage. • Veterinarian’s first and last name, clinic or business name, and phone number. • Veterinarian’s signature and date of signage. • The operator has a valid VCPR with a licensed veterinarian who is willing to supply training (on the procedure and pain management), prescribe the required drugs for pain control and provide interventions if needed. • The operator has the competencies to perform castration and meets the requirements in the Code of Practice. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
5.1	<p>If the facility uses a <u>non-veterinarian (operator)</u> to perform dental procedures on horses, the facility has a written VCPR Validation Dental Form.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	<p>Includes:</p> <ul style="list-style-type: none"> • First and last name of the operator, and phone number. • Operator’s signature and date of signage. • Veterinarian’s first and last name, clinic or business name, and phone number. • Veterinarian’s signature and date of signage. • The operator has a valid VCPR with a licensed veterinarian who is willing to supply training (on the procedure and pain management), diagnose oral disease or other issues, prescribe the required drugs for 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

	<p>pain control, sedation, and provide interventions if needed.</p> <ul style="list-style-type: none"> The operator has the competencies to perform dental procedures and only works under direct veterinary supervision. 		
5.2	<p><u>If the facility performs horse identification procedures</u>, the facility has a written Identification Protocol.</p> <p><i>Identification procedures</i> include hot-iron or freeze branding, tattooing, and microchipping.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi
	<p>Includes:</p> <ul style="list-style-type: none"> Identification method(s) used. Handling, stress, and pain mitigation measures used. Horses are never branded on the jaw or cheek or branded when wet (if applicable). 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi
5.3	<p>Verbal Interview:</p> <p>Is tail docking of horses prohibited?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi

Notes:

CRITERION 6. HANDLING AND TRAINING

No	Requirement	Met?	Level
6.0	<p><u>If the facility has employees</u>, the facility has a written Humane Handling and Training Ethics Agreement, and it is included in the Employee Training Program.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	<p>Includes:</p> <ul style="list-style-type: none"> • Horses must not be subjected to avoidable pain or abuse during handling or training, or that causes injury as a direct result of the training method used. • Horses must not be subjected to training methods or actions that are abusive or intentionally injurious. • Horses must only undergo training that matches their physical capabilities and level of maturity or age. • The use of electric spurs or prods, or any other shock-related training devices on horses is prohibited. • Tail nicking and blocking are prohibited. • Violations of the agreement will be reported to designated persons. • First and last name, and phone number or email address of the person(s) responsible for addressing abuse complaints (e.g., facility owner or manager). <p>The agreement must include a list of handling or training methods that are prohibited, which at minimum must include:</p> <ul style="list-style-type: none"> • Soring. • Excessive use of whips or spurs. • Jabbing a horse in the mouth with the bit. • Forcing the horse's head position by the tying the horse to a fixed object. • Hitting or kicking a horse. • Use of nosebands in a way that impedes a horse's ability to breathe or is tight enough to cause pain or injury. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

	<ul style="list-style-type: none"> Riding or driving an exhausted, lame, or injured horse. Off-label use of medications to alter performance or behaviour without consulting with the prescribing veterinarian. Hypersensitizing a horse 		
6.1	If the facility has employees, the facility has a written factsheet outlining signs of fear and stress in horses and it is included in the Employee Training Program.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	Includes: <ul style="list-style-type: none"> Information on signs of fear and stress in horses. Explanation of the handling concepts: field of vision, flight zone, and point of balance 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
6.2	If the facility tethers horses, the facility has a written Tethering Protocol.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	Includes: <ul style="list-style-type: none"> Tethering method(s) and equipment used. Safety precautions implemented to prevent injury to horses, including the direct supervision of horses when tethered. Tethering is only used to restrain horses off-site temporarily (e.g., during backpacking or trail riding). 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
6.3	Is there at least one Zero-Abuse Policy posted in a location visible to all persons?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	Includes: <ul style="list-style-type: none"> Abuse towards horses is prohibited. First and last name, and phone number or email address of the person(s) responsible for addressing abuse complaints (e.g., facility owner or manager). 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

CRITERION 7. EMPLOYEE TRAINING

This section is only scored for facilities that have employees. Otherwise, leave blank, and indicate in the notes section that the facility does not have employees.

Mi

Does the facility have a written Employee Training Program?

Yes / No

Mi

Does each document in the Employee Training Program have listed

(a) Date of last review and update

Yes / No

(b) First and last name, or initials of the reviewer on each document

Yes / No

Indicate yes or no if the Employee Training program includes the following:

Number	Requirement	Met?	Level
7.0a	All applicable protocol in the facility's Herd Health Plan.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Ma
b	Equine Code of Practice Factsheet	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi
c	Humane Handling and Training Ethics Agreement	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Ma
d	Emergency Preparedness Protocol	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi
e	Identification Protocol	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi

f	Tethering Protocol	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi
g	Blanketing Protocol	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi
h	Transportation Protocol	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi
i	Transport Decision Tree	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi
j	Euthanasia Protocol	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi

Do any employees solely speak/read a language other than English? **Yes / No**

If yes, then score the requirement below. If no, score as NA.




No	Requirement	Met?	Level
7.1	Are all documents in the Employee Training Program translated into languages understood by all employees?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi
7.3	Facility has written Employee Training Records demonstrating that all employees have reviewed the Employee Training Program, as needed.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi
	Includes: <ul style="list-style-type: none"> • Employee first and last name. • Employee signature and date of review 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi

Notes:

CRITERION 8. HOUSING, 9. RISK MANAGEMENT, AND 10. WATER AND NUTRITION

HERBICIDES, PESTICIDES, FERTILIZERS

Has the facility used fertilizers, herbicides, or pesticides within the past 12 months? **Yes / No**
 If yes, then score 9.6 and 9.5 If no, score as NA.

No	Requirement	Met?	Level
9.6	If the facility uses fertilizers, herbicides, or pesticides, the facility has written Chemical Records of any fertilizers, herbicides, or pesticides used at the facility within 12 months of the assessment date.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	Includes: <ul style="list-style-type: none"> • Type of fertilizer, herbicide, or pesticide used. • Date(s) of application. • Location(s) of application. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
9.5	<p>Applies only to facilities with client horses.</p> <p>Verbal Interview: Does the facility have a plan for notifying clients about the application of fertilizers, pesticides, herbicides, or manure at the facility, including areas of application and how long areas should be avoided to prevent health risks to horses?</p> <p>Plan:</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

Notes:

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CHEMICALS AND FEED STORAGE

Does the facility feed concentrates to horses? **Yes / No**

Concentrates are grains, cereals, minerals, vitamins, pelleted rations, supplements, or combinations of such, that are designed and formulated for horse consumption

If yes, then score the requirements below. If no, score as NA.

No	Requirement	Met?	Level
9.10	Concentrates are stored securely with a safeguard. Acceptable safeguards include: <ul style="list-style-type: none">• Latches on feed bins or containers.• Stored in a room, large container, shed or separate building with a door that can be locked.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi
9.10	Feeding instructions for concentrates are labelled on the body of the bin or container (not the lid) or posted in the area where concentrates are stored or prepared for horses.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi

Does the facility use toxic chemicals? **Yes / No**

Toxic chemicals include cleaning solutions, pesticides, herbicides, fertilizers, and pest control chemicals.

If yes, then score the requirement below. If no, score as NA.

No	Requirement	Met?	Level
9.11	Toxic chemicals are stored securely with a safeguard. Acceptable safeguards include: <ul style="list-style-type: none">• Latches on chemical container or box.• Stored in a room, large container, shed or separate building with a door that can be locked.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi



Notes:

MUD MANAGEMENT

No	Requirement	Met?	Level
8.0	<p>Verbal Interview: Does the facility have a plan or managing mud in paddocks and ensuring horses have access to a mud-free area where they can comfortably lie down?</p> <p>Plan:</p> <p>Appropriate strategies include:</p> <ul style="list-style-type: none"> • Bringing horses indoors overnight or during muddy conditions • Pasture rotation. • Providing drainage in high traffic areas (e.g., near feeding or watering sources, horse shelters, or gates) and ensuring drainage is away from feed and water sources. • Removing manure regularly. • Soil stabilizers (e.g., grid systems). • Providing dry bedding (e.g., shavings, straw, hay) in shelters or surrounding feed sources. • Ensure appropriate stocking density (not overcrowding paddocks). 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<div style="background-color: red; color: white; padding: 5px; text-align: center; width: 40px; margin: 0 auto;">Ma</div>

Notes:

SAFETY

No	Requirement	Met?	Level
9.0	<p>Verbal Interview:</p> <p>Does the facility have a plan for monitoring hazards in the facility and addressing any hazards promptly?</p> <p>Plan:</p> <p>Prompts:</p> <ul style="list-style-type: none"> • Who monitors the facility, both indoors and outdoors, for hazards? • How often do they monitor for hazards? • Can employees or clients report hazards that they identify? • Do you use a checklist or other written or electronic system for documenting and addressing hazards? • What corrective actions do you take if a hazard is identified? 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	 Ma
9.0, 9.9	<p>Tour the facility.</p> <p>Are there any obvious hazards in the facility, both indoors and outdoors, that could injure horses?</p> <p>Hazards to look for:</p> <ul style="list-style-type: none"> • Loose, uneven, or broken floorboards in barns or walkways • Abrasive or sharp edges on water sources • Uncovered incandescent light bulbs in aiseways or stalls • Pitchforks or shovels in aiseways • Dangerous objects in paddocks (e.g., metal scraps, pitchforks, etc.) 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	 Ma

Notes:


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PADDOCKS


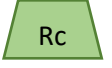



For the requirements in this section, refer to the Facility Map provided by the facility for the number and location of paddocks. Refer to Table 1 for sampling procedures.

Table 1. Paddock Sampling

Number of paddocks	Suggested sample size
1-14	All paddocks
15-19	13 paddocks
20-24	16 paddocks
25-29	19 paddocks
30-34	24 paddocks
40-44	26 paddocks

No	Requirement	Met?	Level
8.2	<p>Do horses have access to an adequate natural or constructed shelter in each paddock?</p> <p>Complete the Paddock Sampling Form</p> <p>If any paddocks have a constructed shelter, it must be large enough to accommodate all horses at the same time. Measure the size of the shelter (length by height) with a measuring tape and count the number of horses in the paddock. Constructed shelters must be 11.2m² for 2 horses, plus 5.6m² for each additional horse</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> N/A</p>	

	<p>Use this formula to determine if the spacing allowance for a constructed shelter is adequate:</p> <p>Number of horses in paddock = X if X is >2</p> <p>Formula: $11.2m^2 + 5.6m^2(X)$ = minimum spacing allowance</p>		
8.2	<p>Verbal Interview</p> <p>If any paddocks are scored as no, then does the facility have a plan to monitor and move horses indoors (e.g., into a barn), to an area with access to an adequate shelter, or blanket horses accordingly?</p> <p>Plan:</p> <p>Prompts:</p> <ul style="list-style-type: none"> • Who monitors horses and makes decisions to move or blanket horses accordingly? • What do you do to protect horses during inclement conditions? 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
9.1, 9.9	<p>Observe the fencing perimeters. Is each paddock free from obvious hazards?</p> <p>Complete the Paddock Sampling Form</p> <p>Examples of obvious hazards:</p> <ul style="list-style-type: none"> • Protrusions (e.g. nails, screws) • Loose, unstable, or broken fencing • Small paddocks fenced with barbed wire, page wire, or narrow gauge high-tensile steel wire fencing • Electric fencing is touching or is in contact with a water source • Temporary electric fences (used for strip grazing or pasture rotation) is used as permanent fencing 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
9.2	<p><u>Only for facilities with an electric fence.</u> The facility must have at least one functional electric fence meter, and it is used to monitor the voltage in electric fencing, as needed</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	





<p>8.3</p>	<p>Observe horses in paddocks. Are horses able to:</p> <ul style="list-style-type: none"> Easily walk forward, turn around with ease, and lie down in a normal resting posture. Easily escape aggression from other horses in the paddock (if applicable). <p>Complete the Paddock Sampling Form</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>	
<p>9.0</p>	<p>Is the gate in each paddock (designated for horse entry) at least 1.22m wide?</p> <p>Complete the Paddock Sampling Form</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>	
<p>10.0</p>	<p>Is there a water source in each paddock that is accessible to horses?</p> <p>Complete the Paddock Sampling Form</p> <p>Acceptable water sources:</p> <ul style="list-style-type: none"> Trough Container Bucket or pail Automatic waterer. Check the functionality of any automatic waterers. If unfunctional, score as No. Body of water (stream, pond, dig out, lake), permitting the water is potable and not impeded by ice or snow. 	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>	
<p>10.0</p>	<p>Is the water source in each paddock clean?</p> <p>Complete the Paddock Sampling Form</p> <p>A water source is considered clean if the water is not obvious coloured or murky, there is no build up of algae on the bottom or sides, and it does not have an obvious unpleasant odour (e.g. rotten eggs).</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>	
<p>10.5</p>	<p>Is there a source of salt in each paddock that is accessible to horses?</p> <p>Complete the Paddock Sampling Form</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>	
	<p>Verbal Interview: If there are any paddocks with no salt source, does the facility have a plan for providing daily salt for horses?</p> <p>Plan:</p>		

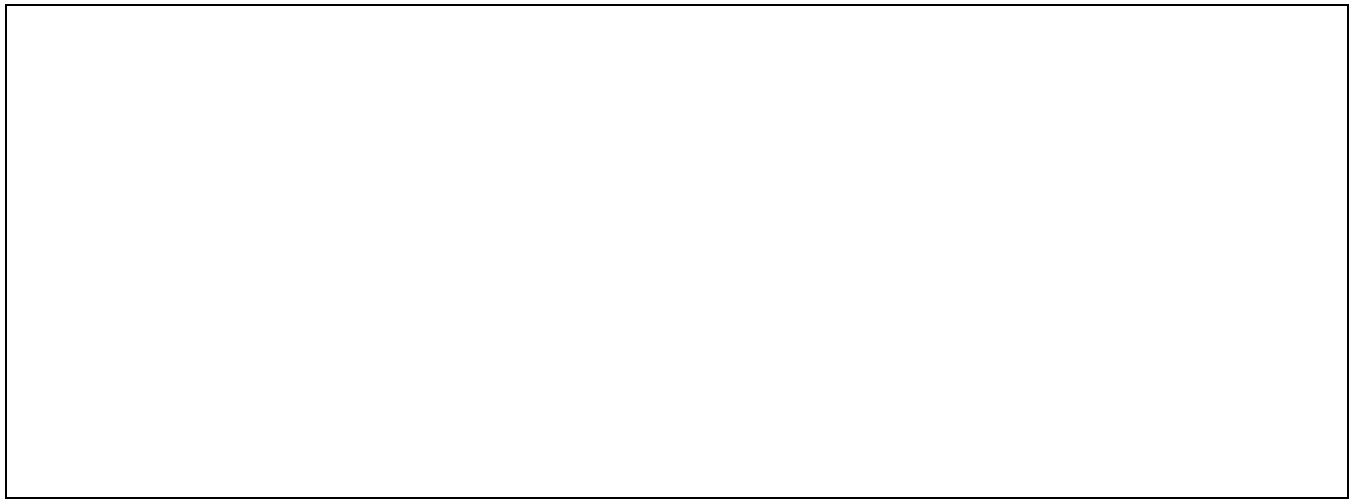
	<p>Prompts:</p> <ul style="list-style-type: none"> • Is salt provided loose in rations or in a container? • Are horses brought indoors overnight where they have access to a salt block? 		
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BARNs

This section is only scored for facilities that have indoor housing for horses.

Indicate the number of barns at the facility used to house horses: _____

No	Requirement	Met?	Level
9.7	Do you smell any ammonia upon entering any of the barns? Irritation of eyes indicates that ammonia exceeds 25ppm. Only assess if stalls have been already mucked out. If facility is in the process of mucking out, score as N/A and indicate in notes.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	 Ma
9.7	Is there any visible mold in any of the barns? Pay attention to the ceilings and sides of the barns.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	 Ma
8.5	Can you easily visualize horses or objects in the barn? Ask the accompanying facility owner/liaison to turn on any artificial lighting upon entering the barns (if applicable).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	 Ma
9.0	Are all doorways intended for single horse entry at least 1.22m in width? Refer to the Facility Map to identify doorways intended for single horse entry	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	 Rc



STALLS

This section is only scored for facilities that have indoor housing for horses.


For #X – X, refer to the Facility Map provided by the facility for the number and location of stalls in barns. Refer to Table 2 for sampling procedures. **If there are multiple barns, the sampling procedures applies to each individual barn. Complete a Stall Sampling Form for each barn.**

Table 2. Stall Sampling

Number of stalls	Suggested sample size
1-14	All stalls
15-19	13 stalls
20-24	16 stalls
25-29	19 stalls
30-34	24 stalls
40-44	26 stalls

No	Requirement	Met?	Level
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<p>8.4</p>	<p>Is bedding sufficient in stalls?</p> <p>Complete the Stall Sampling Form</p> <p>Sufficient – bedding covers at least 2/3 of the stall floor area AND is at least 5 cm deep in the centre of the stall</p> <p>Insufficient – bedding covers less than 2/3 of the stall floor area and/or is less than 5 cm deep in the centre of the stall</p> <p>If the barn has soft or comfort (padded) stall systems, the depth of bedding can be minimal.</p> <p>Only assess if stalls have been already mucked out. If facility is in the process of mucking out, score as N/A and indicate in notes.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> N/A</p>	<p>Mi</p>
<p>9.8</p>	<p>Is the bedding type non-toxic?</p> <p>Complete the Stall Sampling Form</p> <p>Bedding type(s) used:</p> <p>Acceptable bedding sources include:</p> <ul style="list-style-type: none"> • Wood shavings, sawdust, or pellets (e.g., pine) • Straw • Shredded paper • Peat moss <p>Unacceptable includes bedding that is toxic for horse, including bedding derived from black walnut, maple, or red maple.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> N/A</p>	<p>Ma</p>
<p>10.0</p>	<p>Is there a water source in each stall?</p> <p>Complete the Stall Sampling Form</p> <p>Acceptable water sources include:</p> <ul style="list-style-type: none"> • Bucket, container, or pail • Automatic waterer. Check the functionality of any automatic waterers. If nonfunctional, score as No. 	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> N/A</p>	<p>Ma</p>
<p>10.0</p>	<p>Is the water source provided in stalls clean?</p> <p>Complete the Stall Sampling Form</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Ma</p>

		<input type="radio"/> N/A	
8.3	<p>If horses are <u>not present</u> in stalls during the time of the assessment, score as NA in the Stall Sampling Form and in this column.</p> <p>Observe horses in stalls. Are horses able to:</p> <ul style="list-style-type: none"> • Easily walk forward, turn around with ease, and lie down in a normal resting posture. • Stand with the head fully raised without contacting the ceiling or fixtures (e.g., light, fan) <p>If the horse appears unable to perform any of the above, ask the accompanying facility owner/liaison for the horse's height or measure the horse's height. Ask the accompanying facility owner/liaison to remove the horse from the stall, then use a measuring tape to measure the stall dimensions (in m) and compare the dimensions to the following spacing requirements to determine if the stall size is appropriate for the occupant.</p> <p>Multiply the stall length (m) by the stall width (m) to get m². Compare this value to the minimal spacing requirements below to determine adequacy.</p> <p>Minimal spacing requirements:</p> <p>12hh = 6m² 13hh = 7m² 14hh = 6m² 15hh = 9m² 16hh = 11m² 17hh = 12m² 18hh = 13m²</p> <p>Minimal height requirement: horse's height (cm) + 61cm ** Round horse's height to the nearest whole number **</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	


Notes:

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TIE-STALLS


Does the facility have tie-stalls that are used for horses? **Yes / No**

If yes, then score the requirement below. If no, score as NA

No	Requirement	Met?	Level
8.3	Verbal Interview: Are horses only temporarily kept in tie-stalls?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	



Are any horses present in tie-stalls during the assessment? **Yes / No**

If yes, then score the requirement below. If no, score as NA

No	Requirement	Met?	Level
8.3	Observe horses in stalls. Are horses are able to: <ul style="list-style-type: none">• Lie down in a comfortable resting posture• Stand with the head fully raised without contacting the ceiling or fixtures (e.g., light, fan)• Step forward comfortably	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

Notes:





NUTRITION

No	Requirement	Met?	Level
10.1	<p>Are horses fed appropriate feedstuffs?</p> <p>Feedstuffs provided to horses:</p> <p>Appropriate feedstuffs include:</p> <ul style="list-style-type: none"> • Grass (pasture) • Hay or hay cubes • Haylage or silage • Concentrates (formulated for horses) • Straw (only as a secondary source, for weight loss purposes) <p>If horses are fed haylage or silage, are horses vaccinated against botulism? Yes / No</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
10.2	<p>Verbal Interview:</p> <p>Are horses provided daily access to forage?</p> <p>Ask the accompanying facility owner/liaison about the facility's feeding program.</p> <p>Type of forage provided to horses:</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

	View a sample of the forage provided to horses (e.g., view hay bales, bags of hay cubes, etc.).		
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Notes:

CRITERION 11. GROOMING, BLANKETING, AND EQUIPMENT



No	Requirement	Met?	Level
11.0	There is at least one Ill-Fitting Equipment Factsheet posted in a location that is visible to all persons.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	Includes: <ul style="list-style-type: none"> Information about physical and behavioural signs of ill-fitting equipment in horses. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
11.1	Only applies if horses are blanketed at the facility. There is at least one Blanketing Protocol posted in a location that is visible to all persons.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	Includes: <ul style="list-style-type: none"> The condition of the horse beneath the blanket is examined at least once per week to observe the horse's body condition and for signs of skin infections and ill-fitting blankets (e.g., rubs or abrasions). Recommended blanket fill weight for different temperature ranges. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	





	<ul style="list-style-type: none"> Information about factors to consider when blanketing (e.g., clipped or unclipped hair coat, body condition, health status, weather conditions). Information about the importance of maintaining blankets to ensure good condition (e.g., washing, repairs, waterproofing). 		
<p>11.2</p>	<p>Only applies to restraint equipment owned by the facility (not client owned equipment)</p> <p>Examples of restraint equipment for horses include halters, lead ropes, leg hobbles, lead chains (shanks), stocks, or chutes.</p> <p>Verbal Interview:</p> <p>There is a plan to inspect and maintain restraint equipment to prevent discomfort or injury to horses.</p> <p>Prompts:</p> <ul style="list-style-type: none"> How often do you inspect restraint equipment for signs of repair? What corrective actions do you take if you notice issues with restraint equipment? 	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> N/A</p>	<p>Mi</p>
<p>11.3</p>	<p>Verbal Interview:</p> <p>Is there a plan for inspecting horses for burdocks and removing burdocks from horses that may cause pain, discomfort, or injury promptly?</p> <p>Plan:</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> N/A</p>	<p>Ma</p>

	Observe horses when completing Horse Observation Form. If any horses are observed with burdocks that may cause pain, discomfort, or injury (e.g., burdocks near eyes, muzzle, ears, or other sensitive body areas), score this requirement as no.		
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Notes:

CRITERION 12. EMERGENCY PREPAREDNESS

No	Requirement	Met?	Level
12.0	Facility has a written Emergency Preparedness Protocol.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	Includes: These types of emergencies: <ul style="list-style-type: none"> • Fire. • Power failure or outage (including loss of water for facilities with automatic waterers or electric well pumps). • Natural disasters or events common to the facility's area (e.g., flood, wildfire, winter storm, extreme heat or cold). • Large animal rescue (e.g., horse becomes stuck, or entrapped on their side or back). For each type of emergency listed above, the protocol must include:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

	<ul style="list-style-type: none"> • Actions to take. Actions must include the provision of shelter, food, and water to horses during or in preparation of emergencies. • For fire emergencies, horses are secured in a safe location after being evacuated from a barn. • Emergency supplies or equipment required for actions and where it is stored or located (e.g., fire extinguisher, first aid kit). 		
12.1	If the facility has client horses, facility has a written Client Contact List.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	<p>Includes:</p> <ul style="list-style-type: none"> • Horse identifier (e.g., name of horse). • Horse owner's first and last name, and phone number. • Alternate emergency contact (first and last name, and phone number). • Horse's primary veterinarian's first and last name, clinic or business name, and phone number. • Horse's insurance company and insurer's phone number (if applicable). 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
12.2	Facility has emergency contact information posted in a location visible to all persons.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	<p>Includes:</p> <p>Contact information (name, phone number) for the following:</p> <ul style="list-style-type: none"> • Facility owner or manager. • Local fire department, police, and ambulance. • Attending Veterinarian (or other veterinarian with emergency hours). • Farrier. <p>The full address of the facility and locations of any known facility hazards (e.g., propane tanks) and safeguards (e.g., power shut-offs, fire extinguishers) must also be posted.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	


12.3	The facility has horse halters and lead ropes on stall doors, near gates of paddocks, or another area that is easily accessible to all persons (e.g., by a barn entrance or exit) during an emergency	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi
12.4	There is at least one fire extinguisher in each barn and on the premises. The extinguisher(s) are in an easily accessible location (e.g., near an entrance or exit).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Ma
9.12	There is at least one No Smoking Policy posted in a location that is visible to all persons.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi

Notes:

CRITERION 13. TRANSPORTATION

This section is only scored for facilities that transports horses to and from the facility.



No	Requirement	Met?	Level
13.0	Facility has a written Transportation Protocol.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Mi
	Includes:	<input type="radio"/> Yes	Mi

	<ul style="list-style-type: none"> Horses are assessed for fitness prior to being loaded for transport with consideration of all relevant transport factors (e.g., total duration of anticipated trip, prevailing weather conditions). If the expected duration of the horse's time without access to feed or water is longer than 24 hours, horses must be fed and watered within 4 hours of being loaded. Horse must not be without access to feed, water, or rest for more than 28 hours, after which they must have a rest period of at least 8 consecutive hours before resuming their journey. Unfit horses are not transported, except to receive veterinary care on the advice of a veterinarian. Horses are individually assessed before loading upon arrival to the facility. Horses are provided water upon arrival to the facility. <p>If the facility has gestating mares or jennets, and/or mature stallions, the protocol must include:</p> <ul style="list-style-type: none"> Mares or jennets in the last 10% of their gestation periods are not transported. Mares or jennets with its suckling offspring, and mature stallions must be segregated from all other animals during transport. 	<input type="radio"/> No <input type="radio"/> N/A	
13.1	There is a Transport Decision Tree posted in a location that is visible to all persons.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

Notes:

CRITERION 14. EUTHANASIA

This section is only scored for facilities that use a non-veterinarian (operator) to euthanize horses.

No	Requirement	Met?	Level
14.0	If the facility uses a non-veterinarian (operator) for the euthanasia of horses, the facility has a written Euthanasia Protocol.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	Includes: <ul style="list-style-type: none"> • Operator's first and last name, and phone number. • Acceptable on-site euthanasia method(s) (refer to the Code of Practice). • Once the euthanasia method is performed, unconsciousness is confirmed immediately and when it is safe to do so. • A secondary euthanasia step or method. • Death is confirmed before moving or leaving the horse. • Disposal is in accordance with provincial and municipal regulations 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

Notes:

HORSE OBSERVATIONS

Sampling

Sampling is conducted to ensure that the assessment can be completed in a timely manner. While it is ideal to score every horse, it is not possible to do so in a limited period of time. The number of horses to be sampled should be determined according to this table:

Table 3. Horse Sampling

Number of horses (aged 5 or older)	Suggested sample size
1-14	All horses
15-19	13 horses
20-24	16 horses
25-29	19 horses
30-34	24 horses
40-44	26 horses

Adapted from Animal Welfare Indicators. (2015a) AWIN Welfare Assessment Protocol for Horses.

Horse Selection




Horses will be randomly selected (see Table 3 above) and scored on the following measures: body condition, lameness, lesions, and nasal discharge. Horses are haltered and handled by the facility owner or manager, or designated farm contact. Blankets must be removed from horses during the evaluation of the animal measures. If any measures that warrant a major non-compliance are identified (see table below) the assessor will request to see evidence of treatment, such as veterinary invoices or treatment plans, medications, or other items.


Out-of-Scope Observations

Any horse observed by the assessor outside of the sampled horses who exhibits an unacceptable level of any of the following animal-based measures (see table below) will be scored as a major non-compliance if there is no evidence of reasonable treatment. Indicate in the notes on the Horse Observation Form that it is an out-of-scope observation.

ASSESSMENT PROTOCOL

Complete the **Horse Observations Form** using the guidance below when assessing each sampled horse.

Measure	Scoring Guidance
<p>Body condition</p> 	<p>Assess and record the body condition score of each horse.</p> <p>If scoring donkeys, refer to The Donkey Sanctuary: Donkey Body Condition Score Chart.</p> <p>If a horse has a body condition score of 1 or 5, discuss this with the accompanying facility owner/liaison. If there is no evidence of reasonable treatment, this is a major non-compliance.</p> <p>See Body Condition Scoring Guidance</p>
<p>Lameness</p> 	<p>Assess and record the lameness score of each horse in the Horse Observations Form.</p> <p>First, assess the horse while it is standing-still. If the horse is unable to weight bear on a leg, even when coaxed to stand on the leg by gentle pressure on the hip, no moving lameness test is needed.</p> <p>Otherwise, assess horses while they are being walked once towards and once away from you in a straight line by the attending handler. If the horse is visibly lame at a stand-still or a walk, automatically score 2 and do not trot.</p> <p>If a horse has a lameness score of 1 or 2, discuss this with the accompanying facility owner/liaison. If there is no evidence of reasonable treatment, this is a major non-compliance.</p> <p>Scoring:</p> <p>Appears Sound (0): Horse appears sound with no obvious lameness when trotted and turned in both directions.</p> <p>Lame (1): Horse shows signs of a hitching gait, a shortened stride, stiffness in the joints, and/or trots with a noticeable or pronounced head bob.</p> <p>Non-ambulatory (2): Horse shows extreme reluctance to move forward and may not bear weight at all on sore limb even when sedentary. When forced to move, has a pronounced “hopping” gait.</p> <p>See Lameness Scoring Guidance</p>
<p>Injuries</p> 	<p>Assess and record the scores of any injuries of each horse.</p> <p>Provide a brief description of the injury (i.e., laceration, abrasion) and indicate the body location. The injury must be larger than a quarter to record. An injury is defined as an area on the skin with visible hair loss (no hair regrowth), abrasions (scrape) and/or punctures or lacerations (cut).</p>

	<p>If there are multiple injuries or lesions on the same horse, record all lesions or injuries separately.</p> <p>If the horse has an injury or lesion score of $4 \geq$, discuss this with the accompanying facility owner/liaison. If there is no evidence of reasonable treatment, this is a major non-compliance.</p> <p>See Injury and Lesion Scoring Guidance</p>
<p>Nasal discharge</p> 	<p>Assess and record the presence or absence of nasal discharge. If a horse has nasal discharge present as described below and there is no evidence of reasonable treatment, this is a major non-compliance.</p> <p>Scoring:</p> <p>Absence (0): No nasal discharge, or discharge is present in small amounts, and is thin in consistency and transparent in colour.</p> <p>Present (1): Nasal discharge can be from one or both nostrils and is excess in quantity. It may be watery or thick in consistency and transparent or yellow-green in colour.</p> <p>See Nasal Discharge Scoring Guidance</p>

WILLFUL ACTS OF ABUSE

No Instances of Willful Acts of Abuse

Throughout the course of the assessment, the assessor must not witness any instances of willful acts of abuse towards horses on the property that the facility owner does not ***immediately*** address.

Animal abuse is the infliction of injuries or causing unnecessary physical or emotional harm and/or suffering. Abuse may be caused by actions including, but not limited to: excessive hitting, excessive kicking, throwing heavy objects at, beating, excessive whipping, excessive spurring, shanking, poisoning, burning, scalding, or suffocation.

- Yes, the assessor **DID NOT** witness any unaddressed instances of willful acts of abuse.
- No, the assessor **DID** witness a perceived instance of unaddressed instances of willful acts of abuse. The assessor must document the incident as objectively and descriptively as possible and inform the ECP Coordinator after the assessment is complete.

Unaddressed instances of willful acts of abuse are considered an immediate disqualification from certification and is noted in the closing meeting.

STALL SAMPLING FORM

Stall #	Bedding?	Non-Toxic?	Water?	Clean?	Size?
1	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
2	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
3	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
4	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
5	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
6	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
7	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
8	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
9	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
10	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
11	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
12	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
13	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
14	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
15	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
16	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
17	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

Stall #	Bedding?	Non-Toxic?	Water?	Clean?	Size?
18	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
19	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
20	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
21	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
22	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
23	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
24	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
25	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
26	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

Notes:

HORSE OBSERVATION FORM

Horse #	Body Condition Score	Lameness Score	Injury Score	Nasal Discharge
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Horse #	Body Condition Score	Lameness Score	Injury Score	Nasal Discharge
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				

Horse #	Body Condition Score	Lameness Score	Injury Score	Nasal Discharge
24				
25				
26				

Notes:

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