LONGRUN
THOROUGHBRED RETIREMENT SOCIETY

FARM INSPECTION INFORMATION

Adopter's Name:			
Farm Address:			
Farm Contact Name: (if different from adopter)		**Farm Contact Number:**	

Rating from 5 = very good to 1 = unacceptable

Overall Farm Condition:	◯	**1**	◯	**2**	◯	**3**	◯	**4**	◯	**5**
Overall Fencing Condition:	◯	**1**	◯	**2**	◯	**3**	◯	**4**	◯	**5**
Overall Stall Condition:	◯	**1**	◯	**2**	◯	**3**	◯	**4**	◯	**5**
Overall Horse Condition:	◯	**1**	◯	**2**	◯	**3**	◯	**4**	◯	**5**

Running Water to Barn: ◯ **YES** ◯ **NO**

Running Water to Paddocks: ◯ **YES** ◯ **NO**

Type of Bedding Used: _____

Type of Fencing: _____

Type of Feed Used: _____

Average Number of Horses per Paddock: _____
(please give approximate size of paddocks)

Farm Veterinary: _____
(name and numbers)

Farm Farrier: _____
(name and numbers)

Comments:

Inspected By: _____ **Date:** _____
(name & number)