



Sandhills Horse Rescue
PO Box 903
Spring Lake, North Carolina 28390
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Adopter Facility Evaluation Checklist

Date: _____

Evaluator's Name: _____ Contact Number: _____

Potential Adopter Name: _____

Address: _____

Contact Number(s): _____

Pasture:

Pasture(s)/Paddocks(s) description: (i.e. dirt, amount of grass, etc.) _____

Type of fencing: _____

Number of strands/rails: _____ Height of fence: _____ Is the fencing in good repair? YES NO

How many acres are fenced for use by equines? _____

How many equines are on the property? _____

Is there debris, junk, equipment, building materials, trash, or excessive manure in fields? YES NO

If yes, describe: _____

Water:

How are the equines supplied with water? (please include size and number of water containers, if any)

In pasture: _____

In barn: _____

Is the water supply clean, fresh and free of algae? YES NO

Condition of Other Equines / Animals (if applicable):

Are the equines / animals in good physical condition? YES NO

Do the equines / animals appear to receive regular hoof / farrier care? YES NO

Do the equines / animals receive regular preventative care (i.e. vaccines, deworming, teeth floating, coggins test)? YES NO

Do the equines / animals have a good attitude/temperament? YES NO

Are the equines / animals friendly with the adopter and other persons on the property? YES NO

Do the equines / animals seem afraid or head-shy? YES NO

Shelter

Will the adopted equine be provided a RUN-IN SHED STALL BOTH

Please complete for Run-In Shed:

Size of shelter: _____ How many equines are currently sharing this run-in? _____

Is the shed in good repair? YES NO

If NO, please describe: _____

How many sides does the run-in have? ONE TWO THREE FOUR

If FOUR sides, how many exits? _____

Does the ground appear to be well-drained (stay dry in all types of weather conditions)? YES NO

Is the shed free of manure and debris? YES NO

Please complete for Stall:

Size of stalls: _____ Number of stalls? _____

Number of equines using the stalls? _____ Size of equines sharing stalls (mini, draft, average, etc.): _____

Are stalls in good repair (safe door, no protruding nails, etc.)? YES NO

If NO, please describe: _____

Is there clean, dry bedding in the stalls? YES NO

Do the stalls look like they are cleaned regularly? YES NO

How many hours per day will the equine be stalled?

Of what material is the floor of the stall made?

If dirt, does the ground appear to be well-drained (stay dry in all types of weather conditions)? YES NO

Distance in inches between the stall floor and walls:

Are there any spaces where an equine could get a foot caught? YES NO

If YES, please describe:

Does the barn have sufficient natural and/or artificial lighting? YES NO

If NO, please describe:

Feed:

How often are the equines fed? _____ Are they fed together or separately? _____

How is the feed stored? _____

Is the feed free from rodents/insects: YES NO

Potential Adopter Information:

Does the potential adopter seem knowledgeable about equines in general? YES NO

Does the potential adopter seem capable of adopting an equine with medical needs? YES NO

Does the potential adopter seem capable of adopting an equine with training needs? YES NO

If yes, describe capability: _____

Did the potential adopter seem open to advice, suggestions, and recommendations? YES NO

General Impressions:

What is your general impression of the facility? _____

What is your general impression of the potential adopter and persons associated with the adopter? _____

Use additional pages and attach them if necessary

If photos are obtained please contact a SHR Board of Directors member and send the photos by email if possible

Please mail this completed checklist to the address at the top of the form.