



RIDING ESTABLISHMENTS ACTS 1964 AND 1970

Veterinary Inspector's Report

This inspection must only be carried out by approved Veterinary Inspectors on the current RCVS/BVA Inspectorate (see Riding Establishments Act 1964, s.2(3)).

This inspection is made at the request of:

Name of Local Authority: _____

Date: _____

Address of Riding Establishment: _____

Name of owner and address: _____

Name of manager and address: _____

Are the name, address, postcode and telephone number of the licence holder/manager displayed prominently on the outside of the premises?

YES

NO

A. THE HORSES

1. Total number of horses on the premises
2. Number of horses on the premises used wholly or partly (part livery) for hire, teaching, escort or demonstration purposes
3. Number of horses not used for hire etc (i.e. full livery or for sale)
4. Number of horses 3 years old or younger (a register of these animals should be seen and signed)

I hereby confirm that I have presented for inspection all horses as referred to under The Horses item 2.

Signed _____ Date _____
(Manager/Owner)

I hereby confirm that I am a current member of the Riding Establishments Inspectorate as maintained by the Royal College of Veterinary Surgeons and British Veterinary Association and that this inspection has been carried out in accordance with the Acts of 1964 and 1970.

Signed _____ Date _____
(Veterinary Surgeon)

B. HORSE INSPECTION

ALL horses on the premises may, at the decision of the veterinary inspector, be inspected under the Acts. All horses in section 2 above **must be inspected**.

- | | | | |
|---|------------------------------|-----|----|
| 1. Are they visited at suitable intervals? (see guidelines) | | YES | NO |
| 2. Are they adequately: | rested? (see guidelines) | YES | NO |
| | exercised? (see guidelines) | YES | NO |
| | groomed? | YES | NO |
| | supplied with bedding? | YES | NO |
| | supplied with food and water | YES | NO |
| 3. Are they routinely vaccinated against: | Tetanus? | YES | NO |
| | Influenza? | YES | NO |
| Vaccination should be discussed and encouraged. | | | |
| 4. Is there a satisfactory parasite control programme? | | YES | NO |
| 5. Is adequate First Aid equipment available? | | YES | NO |
| 6. Is the farriery and foot care satisfactory? | | YES | NO |

Condition and type of horses

- | | | |
|---|-----|----|
| 1. Are the horses in good condition? | YES | NO |
| 2. Do they appear capable of the work required of them? | YES | NO |

Identify those that may not be and state any recommendations in the comments space at the end of this form

Injured or sick horses

- | | | |
|---|-----|----|
| 1. Have any been found during the inspection? | YES | NO |
| If yes, give details: | | |

C. THE PREMISES

Give a brief description of the premises and the operation of the establishment as a whole.

- | | | | |
|---|---|-----|----|
| 1. For horses at grass: | is the pasture adequate? | YES | NO |
| | is there adequate windbreak or shelter? | YES | NO |
| | is there an adequate water supply? | YES | NO |
| 2. Are the fences properly maintained? | | YES | NO |
| 3. Description of the accommodation for housing horses: | | | |

Loose boxes Stalls Barn Other (*specify*) _____

Are they: Purpose built? Converted buildings?

Construction: Masonry Wood Other (*specify*) _____

Do they conform to the provisions of the Act in respect of:

- | | | | | | |
|---------------|-----|----|---------------|-----|----|
| Construction? | YES | NO | Lighting? | YES | NO |
| Drainage? | YES | NO | Water supply? | YES | NO |
| Ventilation? | YES | NO | | | |

- | | | |
|--|-----|----|
| 4. Is there sufficient accommodation for all the horses?
(This need not be individual provided that there is plenty of space for one or more occupants) | YES | NO |
| 5. Are the premises maintained in a clean and tidy state? | YES | NO |
| 6. Is there provision for an isolation box? | YES | NO |
| 7. Is there adequate accommodation for: | | |
| Feedstuffs? | YES | NO |
| Bedding? | YES | NO |
| Stable equipment? | YES | NO |

Teaching facilities:

- | | | | |
|---|-------------------------|-----|----|
| 1. Is there: | an Indoor School? | YES | NO |
| | an Outdoor School? | YES | NO |
| | a paddock for teaching? | YES | NO |
| 2. Are the boundary walls/fences constructed and maintained to avoid injury to the horse and rider? | YES | NO | |
| 3. Is the riding surface properly maintained? | YES | NO | |

D. SADDLERY AND TACK

- | | | |
|---|-----|----|
| 1. Is there adequate accommodation for the saddlery and other tack? | YES | NO |
| 2. Is it free from signs of defect or damage likely to cause suffering to the horse or accident to the rider? | YES | NO |
| 3. Is it suitable for use on the horses on these premises? | YES | NO |

E. FIRE PROTECTION

- | | | |
|---|-----|----|
| 1. Are NO SMOKING notices prominently on display? | YES | NO |
| 2. Are fire-fighting appliances available? | | |
| Water buckets | YES | NO |
| Hoses | YES | NO |
| Fire extinguishers | YES | NO |
| 3. Is a notice prominently displayed advising what action should be taken in the event of a fire? | YES | NO |
| 4. Have any fire hazards been detected? | YES | NO |
| 5. Is a visit from the Fire Prevention Officer recommended? | YES | NO |

F. MANAGEMENT

- | | | |
|---|------------|----------|
| 1. To the best of your knowledge, is the manager suitable and/or qualified to hold a licence? | YES | NO |
| 2. Qualifications held (if any): _____ | | |
| 3. Is the general standard good?
or in need of improvement? | YES
YES | NO
NO |
| 4. If improvements are needed, state recommendations. | | |
