

**BASIC GUIDELINES  
FOR OPERATING AN  
EQUINE RESCUE OR  
RETIREMENT FACILITY**



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# BASIC GUIDELINES FOR OPERATING AN EQUINE RESCUE OR RETIREMENT FACILITY

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## INTRODUCTION

There are many types of equine management facilities, from state-of-the-art complexes with individual stalls and caretakers for each horse to more basic operations where horses are pastured year-round with access to simple run-ins for shelter. Depending on the resources available, including acreage, quantity and quality of forage, staff levels, management preferences, numbers of equines, and a variety of other factors (including financial considerations), management

practices can vary widely. However, with a sound knowledge of equine management, good planning, and some creativity, equines can be kept healthy and happy without spending too much money.

Caring for a horse or other equine (the broader term of equine is used throughout this document) is a significant, time consuming, and long-term commitment not to be entered into lightly. No organization or facility should house more

equines than can be managed with available resources, particularly where the health and condition of the equines and sanitation of the facility are concerned. Taking in more animals than can reasonably be cared for endangers the welfare of the animals and their caretakers.

Equine rescue and retirement facilities must have good working relationships with local licensed veterinarians and should consult with them as needed on various matters, including routine health maintenance, emergency veterinary care, and the evaluation of incoming equines. Facilities also should have good working relationships with local farriers. Forging a relationship with local law enforcement, humane organizations, and other equine rescue and retirement facilities is also encouraged.

Telephone numbers for veterinarians, farriers, and other professional service providers should be prominently displayed at the facility in case of an emergency. Written documentation on matters such as feeding, schedules, and medications should be kept in a central location so that more than one person is aware of and has access to the standard operating procedures. Developing

and practicing an emergency preparedness plan, including an evacuation routine for both people and animals, is also highly recommended.

These guidelines, while applicable to general equine management, are designed especially for use by nonprofit equine rescue and retirement facilities. While not exhaustive, they offer basic parameters for operating such a facility. In addition, any facility or individual keeping equines must comply with all relevant federal, state, and local laws and zoning ordinances.



## ENCLOSURES, SHELTER, AND FENCING

Equine enclosures may include stalls, dry lots, and/or pasture. In all cases, unless otherwise directed by a veterinarian, equines must have sufficient opportunity and space to exercise daily and freedom of movement so as to reduce stress and maintain good physical condition. Space and provisions for exercise should be appropriate for the age, breed or type, condition, and size of the equine.



Provided that no equine's health and safety are compromised, compatible equines should be pastured together to allow social interaction. Equines must be monitored to ensure that more dominant equines do not prevent others from accessing shelters. If this occurs, the animals must be separated as necessary to ensure the safety and welfare of each equine.

Equines must be provided natural or man-made shelters that offer protection from extreme weather (including, but not limited to, wind, snow, sleet, rain, sun, and temperature extremes). Run-in shelters consisting of a roof and three sides are versatile and

inexpensive to construct. In times of inclement weather, they allow equines protection from the elements, and in the summer, ample shade and relief from flies.

Shelters must be constructed to provide sufficient space for each equine to turn around, lie down, move their head freely, etc.

For instance, a stall measuring 12' x 10' is the recommended minimum for the average 1,200 lb. horse.

Shelters must be constructed or modified to allow free air flow to control humidity, avoid temperature extremes, reduce airborne contaminants, and prevent

air stagnation. As a general rule, ventilation should not be sacrificed for warmth.

All enclosures and shelters must be kept in good repair and free of standing water, accumulated waste, sharp objects, and debris.

Fencing must be of solid construction, without sharp edges, and visible to equines. Electric wire or tape fencing may be used, but must be visibly marked for equines (via brightly colored hanging streamers or ties) and humans (via

signage). Barbed wire and high-tensile wire fencing pose serious safety risks and should never be used as fencing for equines. The sharp points and twisted barbed wire can injure an equine even when the fence is well maintained. Both barbed and high-tensile wire can cause severe damage to an equine's legs and even cause broken bones if the equine gets caught in downed or sagging sections of fence. All fencing must be monitored on a regular basis to maintain safety and effectiveness.



## FEED

Under normal circumstances, equines must receive at minimum the equivalent of 1.5 to 2 percent of their body weight in high-quality forage per day, unless otherwise directed by a veterinarian. If natural forage is insufficient in quality or quantity, high-quality hay should supplement the diet. Nutritious grain may also be used to supplement the diet.

Diet should be planned with consideration for the age, breed or type, condition, size, and activity level of the equine. Pregnant or lactating mares require significantly more feed to meet their nutritional needs, and their diets must be adjusted accordingly. Starved

equines must receive a starvation refeeding diet, as directed by a veterinarian (see “New Arrivals” on page 10 for further information).

If more than one equine is fed at the same place and time, it is the responsibility of the owner, manager, or caretaker to ensure that each of the animals receives nutrition in sufficient quantity. If necessary, equines must be separated during feeding to ensure each has access to adequate nutrition without interference from more dominant individuals.

Equines must have access to trace mineralized salt formulated for equines. Both block and loose form work well.



All feeding receptacles must be kept clean and free of contaminants, such as feces, mold, mildew, and insects. Grain must be kept in closable containers to prevent infestation by insects and rodents. Hay must be kept dry and free of mold and mildew.

## WATER

Pastured or stalled equines must have access to clean, potable water at all times.

Equines who are being trained, worked, ridden, or transported must be provided water as often as necessary for their health and comfort. Activity levels and climatic conditions such as

relative humidity and air movement must also be considered.

All water receptacles must be inspected daily, kept clean and free of hazardous contaminants, and be positioned or affixed to minimize spillage.

In warm climates, water receptacles should be placed in available shaded areas.

Use of defrosters to prevent freezing of drinking water in inclement weather is recommended, although wiring must be secured out of equines' reach. Any ice that forms must be broken and/or removed regularly so as to allow equines constant access to water.

A close-up photograph of a horse's head, showing its eye and part of its mane. The horse is brown with a black halter.

## GENERAL EQUINE HEALTH AND VETERINARY CARE

Each equine must be observed for illness and/or injury at least once every 24 hours, and a veterinary professional must be contacted if an equine is known or suspected to have experienced injury or illness or displays abnormal behavior attributable to injury or illness.

All equines must maintain a body condition score of 4 or above using the Henneke Body Condition Scoring System (see Appendix A on page 13). Exceptions can be made for equines having been at the facility for less than six months and showing continued and documented improvements, and for equines under the regular care of a veterinarian. Photographic and written records of the animal's condition over time should include body condition, weight fluctuations, feeding program, and veterinary care. This documentation is particularly important for any equine arriving at the facility in a poor condition or for any equine failing to reach a score of 4 on the Henneke scale within six months of arrival at the facility.



Quantitative fecal exams must be performed as recommended by a veterinarian, and equines must be treated for parasites as needed or as otherwise directed by a veterinarian. Proper manure management will also help control insects and parasites. Manure must be removed from dry lots, paddocks, and relatively small pastures on a regular basis, and stalls must be cleared of manure every 24 hours. Manure must be disposed of properly and can be spread onto empty pastures during hot, dry weather. Where feasible, remove standing water. Use of fly sprays, masks, and other methods

may also be used to control insects, particularly in summer months.

As recommended by a veterinarian, equines must receive vaccinations, including, but not limited to, rabies, eastern and western encephalomyelitis (sleeping sickness), West Nile virus, and tetanus. Other vaccinations to consider in consultation with a veterinarian include, but are not limited to, influenza, rhino, Potomac horse fever, and strangles.

Requirements for screening for equine infectious anemia (via Coggins test) vary from state to

state, and facilities must comply with all relevant laws. In addition to being required generally when moving horses across state lines, a Coggins test is recommended for all new equine arrivals and when equines are being adopted out to new homes or are being taken to shows or other gatherings.

The facility must maintain, and have clearly posted for all staff and volunteers, the name and telephone number of one or more veterinarians able to make emergency calls to the facility. If foster facilities or homes are used to board equines, those caretakers must have access to veterinarians able to make emergency calls, and the names and telephone numbers of those veterinarians must be kept on file with the primary rescue or retirement facility.

## DENTAL CARE

Equines must receive regular dental check-ups and treatment as necessary to facilitate proper and adequate food digestion. It is recommended that equines under 5 years of age and over 15 years of age receive dental check-ups twice annually, while equines between 5 and 15 years of age should receive

dental check-ups once a year. Equines with dental problems must be examined by a veterinarian and receive treatment as needed.

## HOOF CARE

Equines must receive hoof care, maintenance, and trimming every six to eight weeks, or as directed by a veterinarian or qualified farrier. Hoof care must be performed by a qualified farrier or other experienced person knowledgeable in farrier practice. Exceptions may be made when a veterinarian determines that such care would endanger the equine and/or their caretaker(s), i.e., in the case of a newly arrived equine (see “New Arrivals” below), or in the case of a wild equine who is pastured in sufficiently rocky or rough terrain so as to be able to self-maintain their hooves. Whenever such exceptions are made, regular photographic and written documentation of hoof condition is recommended.

## NEW ARRIVALS

Unless doing so would compromise the health and safety of the equine, veterinarian, and/or caretakers, it is recommended that all equines who arrive at the facility without veterinary records undergo a physical examination by a veterinarian and be quarantined for at least two weeks. Where a full physical examination is not possible, a veterinarian must at least observe and make recommendations on the equine.

If emaciated, the equine must receive a starvation refeeding diet, along with other necessary veterinary care. (See Appendix B on page 17 for one suggested refeeding program.)

New arrivals who are debilitated, untamed, or otherwise difficult to handle need not be vaccinated immediately, nor should they be bathed, groomed, or have their hooves trimmed unless a veterinarian prescribes these treatments for a medical condition. Such equines are often best cared for through relative isolation, rest, and handling by just one or two people.

Parasite control of an equine who has an unknown deworming history and is in a debilitated state must be performed under the direction of a veterinarian.



## ADOPTIONS

It is strongly suggested that all adoptions be accompanied by a legally binding document prohibiting the adopter from selling or placing the equine in question with another owner or facility without prior written approval of the sale or transfer from the facility from which the equine was adopted. Additionally, adoption contracts should include a provision that allows the rescue to regain ownership of the horse if the adopter violates any condition of the contract.



## BREEDING

Equines in rescue or retirement facilities must not be bred. All studs should be gelded, except when determined by a veterinarian to be medically dangerous for the equine. Studs who cannot be gelded must be kept separate from mares. If pastured, studs must be physically separated from pastured mares with a buffer zone or aisle between each pasture, wide enough to prevent nose-to-nose contact and/or fighting.

If pregnant mares arrive at the facility, a veterinarian must provide necessary care. Following birth, mother and foal must be allowed to stay together for a minimum of four months, unless otherwise directed by a veterinarian. A veterinarian should advise on safe weaning techniques to minimize stress and digestive upset of the foals and on proper nutrition to meet the additional needs of pregnant or lactating mares.



## HUMANE EUTHANASIA

Humane euthanasia should be employed when an equine:

- is not mobile and a veterinarian is of the opinion that mobility will not return;
- has a prospective quality of life that—with veterinary guidance—is deemed so poor that euthanasia is the most humane option within the means of the organization;
- is experiencing chronic pain for which there is no medical relief or the relief is not within the financial capacity of the facility;
- is affected by a degenerative medical condition for which there is no cure; or

- poses a serious threat to other animals or humans that cannot be corrected through appropriate behavioral training or medication administered under the care of a veterinarian.

Euthanasia should only be administered by a licensed veterinarian, except in emergency circumstances where the equine is injured beyond recovery and is suffering irreversibly. Euthanasia should be conducted using the most humane method possible that results in the least suffering for the animal. This typically involves euthanasia by injection. The carcass must be disposed of in compliance with all relevant laws.

## HENNEKE BODY CONDITION SCORING SYSTEM

Don Henneke, PhD, developed the Henneke Body Condition Scoring System during his graduate studies at Texas A&M University. It is based on both visual appraisal and palpable fat cover of the six major points of the horse that are most responsive to changes in body fat. The Henneke Body Condition Scoring Chart (see page 15) is a standardized scoring tool, whereas the terms “skinny,” “thin,” “emaciated,” or “fat” are all subjective terms that have different meanings to different people.

The Henneke Scoring System provides an objective means to evaluate a horse’s body condition regardless of breed or type, gender, or age. It is widely used by law enforcement agencies in horse cruelty cases, and is accepted as a scientific method of evaluating equine body condition in courts of law.

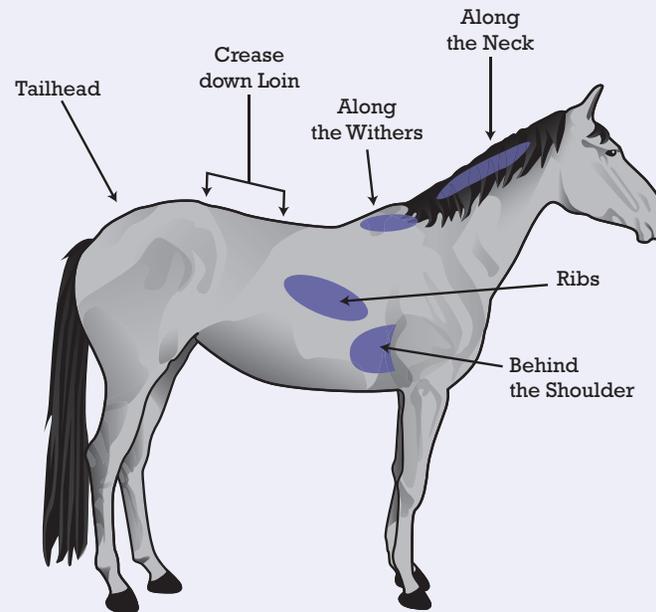
Six parts of a horse are evaluated—the neck, withers (where the neck ends and the back begins), shoulder, ribs, loin, and tailhead. When using the Henneke System, the person conducting the evaluation should

always make physical contact with these parts, and the kind of touch used is important. Simply stroking the animal lightly won’t provide an accurate idea of the horse’s condition; the examiner must apply pressure to each part in turn. When a horse has a long haircoat, it is particularly imperative that the horse be examined carefully by hand. Otherwise, in all but the most extreme cases, the horse’s long haircoat will hide protrusions of bone.

The pressure applied should be similar to that of a massage; pressing a horse’s side with one’s hand and feeling the flesh covering the ribs will indicate how much fat is present. When checking the withers, the examiner should feel all around the area as if squeezing firm clay. Be both firm and gentle—both traits are necessary to properly score a horse.

After pressing each part of the horse with the hands to feel for body fat, the examiner assigns each area of the body the numerical score corresponding to the horse’s condition. The scores from each

### SIX BODY POINTS TO CHECK



area are then totaled and divided by six. The resulting number is the horse’s rating on the Henneke Body Scoring Condition Chart.

Conformational differences between horses may make certain criteria within each score difficult to apply to every animal. In such instances, areas influenced by conformation should be taken into account when interpreting the final score.

Conformation also changes in pregnant mares as they approach parturition (birth). Since the weight

of the foal tends to pull the skin and musculature tighter over the back and ribs, greater emphasis is placed upon fat deposition behind the shoulder, around the tailhead, and along the neck and withers.

The chart rates the horses on a scale of 1 to 9. A score of 1 is considered poor or emaciated with no body fat, and a score of 9 is considered extremely fat or obese. Equine veterinarians consider a body score of between 4 and 7 acceptable, with 5 considered ideal.

(Source: *Habitat for Horses*)

# THE HENNEKE BODY CONDITION SCORING CHART

CONDITION	NECK	WITHERS	SHOULDER	RIBS	LOIN	TAILHEAD
<b>1. POOR</b>	Bone structure easily noticeable	Bone structure easily noticeable	Bone structure easily noticeable	Ribs projecting prominently	Spinous processes projecting prominently	Tailhead, pinbones, and hook bones projecting prominently
<b>2. VERY THIN</b>	Bone structure faintly discernible	Bone structure faintly discernible	Bone structure faintly discernible	Ribs prominent	Slight fat covering over base of spinous processes; transverse processes of lumbar vertebrae feel rounded; spinous processes are prominent	Tailhead prominent
<b>3. THIN</b>	Neck accentuated	Withers accentuated	Shoulder accentuated	Slight fat cover over ribs; ribs easily discernible	Fat buildup halfway on spinous processes but easily discernible; transverse processes cannot be felt	Tailhead prominent but individual vertebrae cannot be visually identified; hook bones appear rounded, but are still easily discernible; pin bones not distinguishable
<b>4. MODERATELY THIN</b>	Neck not obviously thin	Withers not obviously thin	Shoulder not obviously thin	Faint outline of ribs discernible	Negative crease (peaked appearance) along back	Prominence depends on conformation; fat can be felt; hook bones not discernible
<b>5. MODERATE</b>	Neck blends smoothly into body	Withers rounded over spinous processes	Shoulder blends smoothly into body	Ribs cannot be visually distinguished, but can be easily felt	Back is level	Fat around tailhead beginning to feel soft
<b>6. MODERATELY FLESHY</b>	Fat beginning to be deposited	Fat beginning to be deposited	Fat beginning to be deposited	Fat over ribs feels spongy	May have slight positive crease (a groove)	Fat around tailhead feels soft
<b>7. FLESHY</b>	Fat deposited along neck	Fat deposited along withers	Fat deposited behind shoulder	Individual ribs can be felt with pressure, but noticeable fat filling between ribs	May have a positive crease down the back	Fat around tailhead is soft
<b>8. FAT</b>	Noticeable thickening of neck	Area along withers filled with fat	Area behind shoulder filled in flush with body	Difficult to feel ribs	Positive crease down back	Tailhead fat very soft
<b>9. EXTREMELY FAT</b>	Bulging fat	Bulging fat	Bulging fat	Patchy fat appearing over ribs	Obvious crease down back	Building fat around tailhead

(Source: Habitat for Horses)



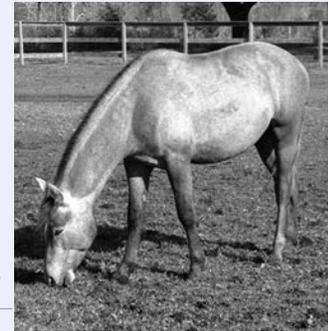
1.

BODY SCORE 1 (POOR)



2.

BODY SCORE 2 (VERY THIN)



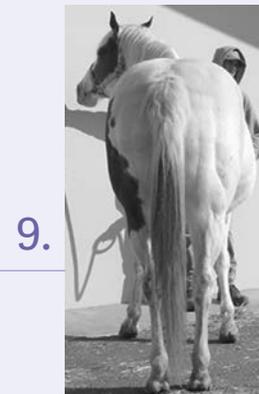
5.

BODY SCORE 5 (MODERATE, IDEAL)

6.



BODY SCORE 6 (MODERATELY FLESHY)



9.

BODY SCORE 9 (EXTREMELY FAT)



*When first rescued, Southern Gentleman was seriously emaciated. He made a remarkable recovery after just six weeks of refeeding and proper care.*

## APPENDIX B

# NUTRITION FOR REHABILITATING THE STARVED HORSE

**Dr. Carolyn Stull and her team of equine welfare experts provide new guidelines for refeeding starved horses.**

It is difficult to comprehend the long-term neglect and surrounding situations that produce such a devastated, depressed creature as a starved horse. The bones are so prominent that the skeleton appears to belong to a larger horse, the head is disproportionately large compared with the body, and the tail is always low and motionless. But the low hanging head tells it all. The ears barely move to any sounds in the environment, no extra energy is spent interacting with herd

mates. The eyes are dull, without expression, without expectations.

Researchers from the UC Davis Center for Equine Health conducted a survey to assess the prevalence of starved horses in California and found the results quite disturbing. Among the responders to the survey were animal control and humane society organizations in 36 counties, with an estimated equine population of 1,041,560. Of this number, 2,177 horses were found to be severely malnourished.

The most common reason for these cases was owner ignorance, followed by economic hardship.

A research team comprised of Dr. Carolyn Stull (UC Davis Veterinary Medicine Extension), Dr. Anne Rodiek (California State University, Fresno), Dr. Christine Witham (private clinician), Dr. Pamela Hullinger (California Department of Food and Agriculture), and Kelly Weaver (UC Davis Veterinary Medicine Extension) has been studying the problem. Funded in part by Purina Mills, Inc., the study provides a standard body condition scoring system to assess the weight status of a horse and compares different diets for refeeding the malnourished horse. In both humans and horses, abrupt refeeding can cause dysfunction of the body's metabolic systems, which can lead to failure of the heart and lungs and ultimately to death. The goal of this research is to provide new information and guidelines for recognizing and treating malnourished horses.

## WHAT HAPPENS DURING STARVATION

During the starvation process, the horse initially uses any fat and carbohydrate stores in his body to supply energy for metabolism. This is the normal process for any healthy horse: fat and carbohydrates are used for energy, exercise, brain function, circulation, etc., and are then replaced with nutrients from food. The cycle is constant and never-ending, even during sleep. In a starved animal, once this source of fat and carbohydrate is gone, energy is derived from the breakdown of protein. While protein is a component of every tissue, there are no inert stores of it in the body such as there are for fat and carbohydrates. Consequently, the starved body uses protein not only from muscles, but also from vital tissues such as the heart and even gastrointestinal tissues—tissue that



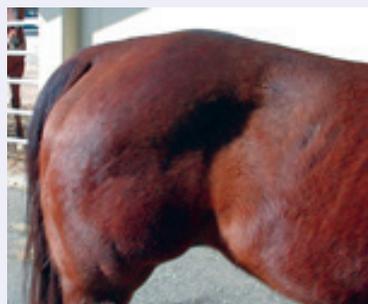
*"Kung K'ai" (Emaciated Horse), by Yuan Dyn*



*Above and below: This horse has a body condition score of three. The ribs can be observed easily, even with the horse's winter coat, the tail head is prominent and can be felt easily, and the hip bones are rounded and protruding. Note the dip in the withers in front toward the neck and behind toward the back, exhibiting little or no fat deposits around this area.*



*Left: The hip shows an inverted "V" shape, with the spine at the apex, representing a lack of fat deposition.*



is necessary for life. The starved body cannot select which tissue protein will be metabolized for energy. As time goes by, the horse's survival is in a precarious situation. When a horse loses more than 50% of its body weight, the prognosis for survival is extremely poor.

### THE REFEEDING PROBLEM

Refeeding starved animals, including humans, is not an easy process. In humans suffering from starvation caused by illnesses such as anorexia, cancer, or gastrointestinal obstruction, patients can develop "refeeding" syndrome when they are given concentrated calories, and this in turn can lead to heart, respiratory, and kidney failure usually 3 to 5 days after the initial meal. This same syndrome has been reported in the literature for horses. Thus, our research team wanted to develop a refeeding program for horses that would minimize these effects and enable the horse to return back to normal body weight. Our goals were to test feeds that were commonly available and used in horse rations, so the refeeding program could be implemented easily in any area of the country.

### EXPERIMENTAL DIETS FOR REFEEDING

We selected three types of feed that were very different in nutrient composition: alfalfa hay, oat hay, and a commercially available complete feed consisting of grain, molasses, fat, and alfalfa. Alfalfa is known to be high in protein (20%) but low in carbohydrate starch (3%). Oat hay is high in fiber but low in protein (7%). The complete feed represented a feed high in carbohydrate concentration, with 19% starch. The three types of feed were given to 22 starved horses that were brought to the UC Davis research site as representative of horses rescued by equine organizations. Horses were fed one of the three diets over a 10-day rehabilitation period. The researchers focused on this time period as critical to successfully transitioning the gut from a starved state to a fed state. Even though the diets were different in composition, they were fed in amounts that were equivalent on a caloric basis, so that horses assigned the oat hay diet, for example, received the largest volume of feed, while the horses on the complete feed received the smallest amount, but the same number of calories at each meal.



*This horse has a body condition score of five. She appears very smooth, with no skeletal prominence. Her neck and withers blend smoothly into her shoulders. Ribs do not show, and the loin and hip are nicely rounded.*

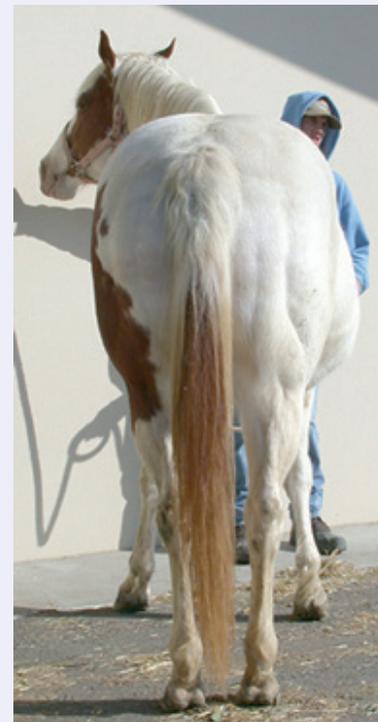
### WHICH DIET WORKED BEST?

Our results with the complete feed were very consistent with human studies conducted 20 years earlier using concentrated calories. As the horse ate the high-carbohydrate diet, insulin was released in response to the high level of starch. The job of the hormone insulin is to store the carbohydrate in cells for future energy use, but it also simultaneously draws the electrolytes phosphorous and magnesium from circulation into the cell. Since the starved horse has no stores of electrolytes, this depletion may lead to kidney, heart, and respiratory failure. These effects do not occur with the initial meal, but usually several days to a week later, due to the repetition of insulin release following a high-carbohydrate meal and the cumulative depletion of

electrolytes. The oat hay diet was very bulky and caused diarrhea in several horses. Several essential nutrients such as phosphorous and magnesium were low in the oat hay compared with the other diets; thus, this diet did not support a successful rehabilitation. The alfalfa had the best results due to its high composition of quality protein, but also the major electrolytes, phosphorus and magnesium. Since alfalfa hay is very low in carbohydrate content, there were minimal effects due to insulin response.

In a subsequent feeding study, we compared an alfalfa hay diet to a diet of combination alfalfa hay and corn oil. Equine diets usually do not contain much fat, but in recent years the use of corn oil to increase the energy density of

a meal has been widely used in nutrition programs for older horses and in horses undergoing intensive training programs. The two diets were fed again on an equal-calorie basis. Although the corn oil had no harmful effects, substituting calories from corn oil for alfalfa decreased the total nutrient content of phosphorous and magnesium in the diet. Thus, the response to the diet combining corn oil and alfalfa showed a decreasing blood



*This horse has a score of 9. Note the obvious crease from his spine sunk between fat deposits on either side.*

phosphorous level over the 10-day period, which was not advantageous to the rehabilitation. Again, the alfalfa diet was the most effective at delivering the necessary nutrients in the correct amounts to the starved horse.

Our research showed that starved horses had very different responses to several diets. We found that the best approach for initial refeeding of the starved horse consists of frequent small amounts of high-quality alfalfa. This amount should be increased slowly at each meal and the number of feedings decreased gradually over 10 days. After 10 days to 2 weeks, horses can be fed as much as they will eat. The horse will show signs of increased energy after about two weeks. Ears, eyes, and head movement will be the first noticeable movements. Some weight gain can be achieved in one month, but three to five months usually are needed to rehabilitate back to a normal body weight. Veterinary care and nutritional advice should be sought, as complications can arise.

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## JOIN THE HOMES FOR HORSES COALITION

The Homes for Horses Coalition (HHC) is dedicated to ending horse slaughter and other forms of equine abuse, while promoting growth, collaboration, and professionalism in the equine rescue and protection community.

Founded in 2007, HHC is a group of professionals who work to provide care and homes to horses in need, advance the operating standards for equine rescue and retirement facilities, and promote responsible horse ownership. Many of the coalition's members run equine care operations themselves, while others are involved in government policy

affecting equines. We also partner with other professionals in the field, including breeders, trainers, and veterinarians.

The cumulative expertise of our group puts HHC in a unique position to advocate for equines from a multifaceted, highly informed perspective that puts the welfare of equines above commercial interests.

To become a member of the fastest growing network of equine advocates in the country, visit the HHC website at [homesforhorses.org](http://homesforhorses.org).

## ACCREDITATION THROUGH THE GLOBAL FEDERATION OF ANIMAL SANCTUARIES

The Global Federation of Animal Sanctuaries (GFAS) was formed in 2007 by leaders in the animal protection field for the sole purpose of strengthening and supporting the work of animal sanctuaries worldwide. Through a rigorous accreditation process, GFAS identifies sanctuaries and rescue facilities that provide animals with the highest standards of care by conducting a thorough evaluation of facilities, finances, veterinary care, staffing, and much more.

GFAS accreditation helps to professionalize the equine rescue/sanctuary industry and provides credibility for donors, potential adopters, and law enforcement agencies who seek reputable organizations. For rescues, the process helps establish better standards, guidelines, and record-keeping, and attract more support from donors.

For more information on GFAS, please visit [sanctuaryfederation.org](http://sanctuaryfederation.org).



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