



**NATIONAL  
AGRICULTURAL  
STATISTICS  
SERVICE**

**(STATE) EQUINE SURVEY  
MONTH 20XX  
(LIST FRAME QUESTIONNAIRE MASTER)**

Form Approved  
O.M.B. Number 0535-0227  
Approval Expires xx/xx/xx

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Dear Horse Owner:

This survey is being conducted through funding provided by the (STATE) Horse Development Authority to provide current inventory, economic, and related statistics on the equine industry in (STATE). Response to this survey is voluntary. However, your response is important to ensure reliable results. **Individual reports are kept confidential** and are used only in combination with other reports for published results. Please return your completed report promptly in the enclosed postage paid envelope.

Sincerely,

Charles A. Hudson  
State Statistician

Please correct name, address and ZIP Code, if necessary.

**SECTION I - TYPE OF OPERATION**

1. Is this operation known by any name other than that shown on the label?

101

YES - Enter name and continue \_\_\_\_\_

107

NO - Continue

2. Are you a (STATE) resident?

102

YES - Continue

108

NO - Go to Item 3

a. Do you have ownership interest in any equine that were located outside (STATE) as of January 1, 20xx?

103

YES - Continue

109

NO - Go to Item 3

b. How many equine were there? \_\_\_\_\_

In what (STATE(S)/COUNTRY) were they being boarded? \_\_\_\_\_

Why were they being boarded outside (STATE)? \_\_\_\_\_

Please report the estimated value of these equine: \$ \_\_\_\_\_

3. On January 1, 20xx, were there any equine (**horses, ponies, mules, donkeys or burros**), regardless of ownership, on this operation?

YES - Go to Item 4

NO - Continue

a. Were any equine, regardless of ownership, on this operation at any time during 20xx?

YES - Go to Item 4

NO - Continue

b. Did you have any equine located on any other operation during 20xx, such as pasture, boarding stables, etc.?

YES - Continue

NO - Go to Section III on page 3

OFFICE USE	
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4. How many equine **regardless of ownership** were on this operation on January 1, 20xx? ... **Number**

5. How many of the (Item 4) equine did you (this operation) **own** on January 1, 20xx? ... **Number**

6. What was the **largest number** of equine on this operation at any one time during 20xx? ... **Number**

7. How many of the equine **owned** by you (**this operation**) were **sold** during 20xx? ... **Number**

8. What was the **gross value** of the equine sold during 20xx? ... **Dollars**

Horses and Ponies	Mules, Donkeys, or Burros
101	102
103	104
105	106
107	108
109	110

9. What do you consider to be the **primary function** of this operation? (Please check only one)

- |  |   |
|--|---|
| <input type="checkbox"/> 1 - Equine boarding stable only                     | <input type="checkbox"/> 7 - Guest ranch              |
| <input type="checkbox"/> 2 - Equine training facility only                   | <input type="checkbox"/> 8 - Farm or ranch            |
| <input type="checkbox"/> 3 - Combined boarding and training facility         | <input type="checkbox"/> 9 - Equine breeding facility |
| <input type="checkbox"/> 4 - Riding stable (give lessons, rent equine, etc.) | <input type="checkbox"/> 10 - Show/Events Facility    |
| <input type="checkbox"/> 5 - Race track                                      | <input type="checkbox"/> 11 - Other (Specify: _____)  |
| <input type="checkbox"/> 6 - Residence with equine for personal use (show,   |   |

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10. How many total acres were in this operation on January 1, 20xx? ..... **Total Acres**

**INCLUDE** - Farmstead, cropland, pasture, woodland, wasteland, and government program land that is owned, rented from others, or managed by you for others.  
**EXCLUDE** - Land rented to others or pasture land that you lease on an animal unit (AUM) basis.

112
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11. In which county is this operation headquartered? (County \_\_\_\_\_)

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113

## SECTION II -- EQUINE INVENTORY

In the table below, record the total number of equine **located on the land you operate in (STATE)**, regardless of ownership, as of January 1, 20xx. **Do not include** equine owned but located on land operated by someone else.

Breed	Total Number On Hand 01/01/xx	Of the total number reported, how many are used for each of the following:									
		Breeding		Ranch Work	Show 1/	Racing	Rodeo	Outfitting or Hunting	Youth Activities 2/	Trail Riding/ Pleasure	Other Activities
		Mares	Stallions								
<b>LIGHT HORSE BREEDS</b>											
American Paint	200	201	202	203	204	205	206	207	208	209	210
American Quarter Horse	211	212	213	214	215	216	217	218	219	220	221
American Saddlebred	222	223	224	225	226	227	228	229	230	231	232
Appaloosa	233	234	235	236	237	238	239	240	241	242	243
Arabian	244	245	246	247	248	249	250	251	252	253	254
Half-Arabian	255	256	257	258	259	260	261	262	263	264	265
Morgan	266	267	268	269	270	271	272	273	274	275	276
Minature Horses	277	278	279	280	281	282	283	284	285	286	287
Palomino	288	289	290	291	292	293	294	295	296	297	298
Tennessee Walker	299	300	301	302	303	304	305	306	307	308	309
Other (Specify _____)	310	311	312	313	314	315	316	317	318	319	320
<b>RACE HORSE BREEDS</b>											
Standardbred	321	322	323	324	325	326	327	328	329	340	341
Thoroughbred	342	343	344	345	346	347	348	349	350	351	352
<b>WARMBLOODS</b>											
Hanoverian	353	354	355	356	357	358	359	360	361	362	363
Trakehner	364	365	366	367	368	369	370	371	372	373	374
Other (Specify _____)	375	376	377	378	379	380	381	382	383	384	385
<b>DRAFT HORSE BREEDS</b>											
Belgian	386	387	388	389	390	391	392	393	394	395	396
Clydesdale	397	398	399	400	401	402	403	404	405	406	407
Percheron	408	409	410	411	412	413	414	415	416	417	418
Other (Specify _____)	419	420	421	422	423	425	426	427	428	429	430

Breed	Total Number On Hand 01/01/xx	Of the total number reported, how many are used for each of the following:									
		Breeding		Ranch Work	Show 1/	Racing	Rodeo	Outfitting or Hunting	Youth Activities 2/	Trail Riding/ Pleasure	Other Activities
		Mares	Stallions								
<b>PONIES</b>											
Ponies Of America (POA)	431	432	433	434	435	436	437	438	439	440	441
Shetland	442	443	444	445	446	447	448	449	450	451	452
Welsh	453	454	456	457	458	459	460	461	462	463	464
Other (SPecify _____)	465	466	467	468	469	470	471	472	473	474	475
<b>OTHER EQUINE</b>											
Burros	476	477	478	479	480	481	482	483	484	485	486
Donkeys	487	488	489	490	491	492	493	494	495	496	497
Mules	498	499	500	501	502	503	504	505	506	507	508
<b>TOTAL EQUINE</b>	510	511	512	513	514	515	516	517	518	519	520

1/ Show or Competition 2/ Youth Organizations, 4-H, Pony Clubs, FFA, Westernaires, etc.

### SECTION III -- EQUINE-RELATED INCOME AND ASSETS

The following sections pertain only to the equine that you owned and/or the equine-related business you operated in 20xx. Do not include income or assets for any equine owned by others that may be or have been on your operation but do include your equine business-related income and assets.

**INCOME** In the table below, enter the 20xx equine-related income received from the following activities, services and purses.

Source of 20xx Equine-Related Income	Gross Receipts (Dollars)	Source of 20xx Equine-Related Income	Gross Receipts (Dollars)
Boarding Services	701	Sale of equine (Excluding slaughter)	710
Breeding Services	702	Sale of equine for slaughter	711
Equine Judging	703	Show/Events Revenues	712
Equipment/Tack Sales	704	Show/Futurity Purses	713
Leasing/Renting Equine	705	Trail Riding/Guide Services	714
Performance/Entertainment	706	Training/Conditioning	715
Racing Purses	707	Other Equine Income: Specify _____	716
Riding Lessons/Clinics	708	Specify _____	717
Rodeo Winnings	709		
		<b>TOTAL EQUINE INCOME</b>	700

Please continue with next column

### ASSETS

In the table below, give your best estimate of the current value of all equine-related land, buildings, equipment and supplies for equine owned in 20xx. Also record 20xx capital expenditures for equine owned and/or the equine business you operated.

NOTE: Current value is the price one would have to pay to purchase the item(s) at today's prices.

Asset	Number	Current Value (Dollars)	Purchased or Leased in 20xx (Dollars)	Asset	Current Value (Dollars)	Purchased or Leased in 20xx (Dollars)
Equine (Owned)	801	802	803	Tractors/Farm Machinery	816	817
Land (Pastures/Paddocks)		804	805	Motor Vehicles (pick-ups, trucks, trailers)	818	819
Barns & Stables		806	807	Trailers, Horse & Utility	820	821
Indoor Arenas		808	809	Fencing	822	823
Outdoor Arenas		810	811	Other Equine Equipment	824	825
Sheds		812	813	Other: Specify _____	826	827
Tack/Attire		814	815	Specify _____	828	829
				<b>TOTAL ASSET VALUE</b>	800	830

Please continue with next column

## SECTION IV -- EQUINE EXPENDITURES

Enter all 20xx equine-related expenditures (excluding hired labor) in the table below. NOTE: Record each expense in only one category.

20xx Expenditures For Equine-Related Purposes	Total Amount Spent (Dollars)
Boarding of Equine	901
Health (Medical and veterinarian fees, medicines, lab work, etc.)	902
Grain/Supplements	903
Hay	904
Bedding	905
Grooming Supplies (Soaps, oils, sprays, clippers, etc.)	906
Pasture Maintenance (Seeding, fertilizing, mowing, etc.)	907
Farrier	908
Training Fees (Fees for training equine or individuals)	909
Event Fees and Expenses	910
Breeding Fees and Expenses	911
Insurance Premiums (Equine Related --liability, collision, mortality, etc.)	912
Maintenance and Repair (Vehicles, buildings, equipment, fencing, tack, etc.)	913
Lodging and Travel (Air travel, fuel, vehicle expenses, meals, shipping of equine, etc.)	914
Utilities (Equine-related: telephone, water, natural gas, etc.)	915
Advertising and Marketing	916
Contract Services	917
Membership/Professional Fees (Accounting, legal, etc.)	918
Tack and Clothing (Clothing, boots, hats, saddles, bridles, halters, harnesses, etc.)	919
Rent/Lease (Rental of land, buildings, equine, equipment, etc.)	920
Taxes (Property tax on equine-related land, sales tax, etc.)	921
Capital Improvements (Contracted labor and materials for construction of or additions to buildings, facilities, fences, etc.)	922
Other Expenditures (Specify _____ )	923
<b>TOTAL EXPENDITURES (excluding hired labor)</b>	<b>900</b>

## SECTION V -- LABOR EXPENDITURES (Excluding contracted workers)

1. What was the number of <b>full time</b> equine-related workers (including yourself) employed by this operation during 20xx? ..	940
2. What was the number of <b>part time</b> equine-related workers employed by this operation during 20xx? .....	941
3. On <b>average</b> , how many <b>hours per week</b> did they work? (Add average hours worked for <u>each</u> employee and divide by total number of employees.) .....	944
4. What was the total value of all <b>cash wages and benefits</b> paid to all equine-related workers in 20xx? .....	942
5. What was the value of all <b>non-cash items</b> paid to all equine-related workers in 20xx? (Include housing, utilities, transportation, meals, clothing, etc.) .....	943

**SECTION VI – EQUINE INDUSTRY NEEDS ASSESSMENT**

1. How many members of your household participate in equine activities?

- 1-a. Adults over 19 years of age .....
- 1-b. Youth between 8 and 19 years of age .....
- 1-c. Youth under 8 years of age .....

Males	Females
950	951
952	953
954	955
Attended	Participated In
956	957
958	959
960	961

2. During 20xx, how many equine events did you attend or participate in?

- 2-a. Horse Shows/Events .....
- 2-b. Rodeos .....
- 2-c. Races .....

3. Do you insure your equine?  YES -- Continue  NO -- Go to Item 4

- 3-a. If YES, what are they insured for:  Liability  
 (Check all that apply)  Accident Only  
 Mortality  
 Other (Specify \_\_\_\_\_)

3-b. What is the most important factor when selecting an equine insurance carrier? (Check one)

- 1 - Price
- 2 - Service (Including claims performance)
- 3 - Agent's Horse Knowledge
- 4 - Policy Coverage
- 5 - Optional Major Medical Insurance
- 6 - Other (Specify \_\_\_\_\_)

4. Which of the following criteria would influence you the most in making your next purchase of a horse trailer? (Check one)

- 1 - Price
- 2 - Manufacturer
- 3 - Dealer
- 4 - Design
- 5 - Other (Specify \_\_\_\_\_)

5. Are you aware of any equine health or preventative medicine maintenance programs offered through your veterinarian?

- YES = 1 Continue  NO = 2 Go to Item 6  
 5-a. If YES, are your equine enrolled?  YES = 1  NO = 2

6. In 20xx, did you use any type of insect control to protect your equine or barns from insect pests?

- YES = 1  NO = 2

7. Who makes the major decisions concerning insect pest controls for your operation? (Check one)

- 1 - Owner/Manager
- 2 - Hired Manager
- 3 - Hired Labor
- 4 - Absentee Manager
- 5 - Other (Specify \_\_\_\_\_)

8. Which of the following non-insecticidal methods are used to protect your equine from insect pests? (Check all that apply)

- None
- Water Management
- Product Fed to Equine
- Sanitation
- Pest Parasites

9. What are your main sources of pest management information? (Check all that apply)

- Veterinarian
- Magazines
- County Extension Agent
- Feed Store
- Other (Specify \_\_\_\_\_)

10. How often do you treat your equine or facilities with insect controls during the summer months? (Check the frequency most often used)

- 1 - More than once per day
- 2 - Once per day
- 3 - Once or twice a week
- 4 - Not at all

11. Many states have a horse park with show grounds, museum, breed barns, demonstrations, etc. Do you think (STATE) should have an equine park?

- YES = 1 -- Continue  NO = 2 - Go to Section VII

11-a. If YES, how should it be funded? (Check one)

- 1 - Private Funding
- 2 - Public Funding
- 3 - Combined Private and Public

OFFICE USE
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## SECTION VII -- OPERATOR CHARACTERISTICS

1. Please report the following for the person making the day-today decisions for this equine operation.

- 1-a. Operator gender:             1 - Male                     2 - Female
- 1-b. Age on last birthday ..... **Years**
- 1-c. How many years has he/she owned equine? ..... **Years**
- 1-d. What is the highest level of education of the operator?
- 1 - Less than 12 years                     4 - Four-year college degree
- 2 - High school diploma or GED             5 - Advanced college degree
- 3 - Some college/technical school

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## SECTION VIII -- CONCLUSION

This survey has been funded by the (STATE) Horse Development Authority. Your cooperation is vital for accurate, reliable, and useable survey results. Thank you for your participation. Survey results will be available in month 20xx.

Would you like a copy of the survey results (Check one)     YES = 1             NO = 2

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Reported By: \_\_\_\_\_ Date: \_\_\_\_\_ Phone No. (    ) \_\_\_\_\_

Comments: