

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP
 ANIMAL INDUSTRY BUREAU
 DES MOINES OFFICE: 515-281-6358

Animal Welfare Inspection Form

Insp Date: 10/16/2012 **Business ID:** 4690

Business: ACKLEY VETERINARY CENTER
 202 SHERMAN AVE

ACKLEY, IA 50601

Inspection: AB000604

Store ID:

Phone: 641-847-2636

Livestock Inspector: 02 Stephanie Black

Reason: Annual

Results: APPROVED

Reference:

Licensee Information

License Number: 4690 Expiration Date _____ License Posted

Inspection Categories

Commercial Breeder Animal Shelter Pet Shop Commercial Kennel

Boarding Kennel Pound Dealer Public Auction

Number of Animals: Dogs 9 Cats _____

Other _____

INSPECTOR: MARK THE APPROPRIATE BUTTON

HOUSING FACILITIES	Yes	No	N/A
1. Structure & Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ventilation & Temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ceilings, Walls, Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Runs & Exercise Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Drainage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Waste Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRIMARY ENCLOSURES	Yes	No	N/A
10. Structure & Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Space	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ventilation & Temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Secured Latches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREMISES	Yes	No	N/A
14. Drainage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Odor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SANITATION	Yes	No	N/A
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Animal Welfare Inspection Form

SANITATION	Yes	No	N/A
17. Washrooms, Basins, Sinks	<input type="checkbox"/>	i	i
18. Supplies & Materials	<input type="checkbox"/>	i	i
19. Cleaned & Sanitized	<input type="checkbox"/>	i	i
CARE & HUSBANDRY	Yes	No	N/A
20. Adequate Feed	<input type="checkbox"/>	i	i
21. Adequate Water	<input type="checkbox"/>	i	i
22. Exercise	<input type="checkbox"/>	i	i
23. Vermin Control	<input type="checkbox"/>	i	i
24. Personnel	<input type="checkbox"/>	i	i
VETERINARY CARE	Yes	No	N/A
25. Isolation Facilities	<input type="checkbox"/>	i	i
26. Preventative Programs	<input type="checkbox"/>	i	i
27. Symptoms & Illness	i	i	<input type="checkbox"/>
28. Therapy Provided	<input type="checkbox"/>	i	i
29. Apparently Healthy	<input type="checkbox"/>	i	i
TRANSPORTATION	Yes	No	N/A
30. Primary Enclosures	i	i	<input type="checkbox"/>
31. Vehicles	i	i	<input type="checkbox"/>
32. Care in Transit	i	i	<input type="checkbox"/>
RECORDS	Yes	No	N/A
33. Purchase, Sale, Transfer, Adoption	<input type="checkbox"/>	i	i
34. Boarding, Grooming Training	<input type="checkbox"/>	i	i
35. Euthanasia	i	i	<input type="checkbox"/>
Vet Inspection Form (Year)	i	i	<input type="checkbox"/>