

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

ANIMAL INDUSTRY BUREAU
DES MOINES OFFICE: 515-281-6358

Animal Welfare Inspection Form

Insp Date: 4/29/2013 **Business ID:** 4656

Business: ADAMS PET HOSPITAL
5875 SARATOGA RD

DUBUQUE, IA 52002

Inspection: AB000956

Store ID:

Phone: 563-582-5500

Livestock Inspector: 02 Stephanie Black

Reason: Annual

Results: APPROVED

Reference:

Licensee Information

License Number: 4656 Expiration Date 09/09/2013 License Posted p

Inspection Categories

Commercial Breeder " Animal Shelter " Pet Shop " Commercial Kennel p

Boarding Kennel " Pound " Dealer " Public Auction "

Number of Animals: Dogs 11 Cats _____

Other _____

INSPECTOR: MARK THE APPROPRIATE BUTTON

HOUSING FACILITIES

Yes No N/A

- | | | | |
|------------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Structure & Repair | ☐ | ☒ | ☐ |
| 2. Shelter | ☐ | ☒ | ☐ |
| 3. Ventilation & Temperature | ☐ | ☒ | ☐ |
| 4. Lighting | ☐ | ☒ | ☐ |
| 5. Ceilings, Walls, Floors | ☐ | ☒ | ☐ |
| 6. Storage | ☐ | ☒ | ☐ |
| 7. Runs & Exercise Area | ☐ | ☒ | ☐ |
| 8. Drainage | ☐ | ☒ | ☐ |
| 9. Waste Disposal | ☐ | ☒ | ☐ |

PRIMARY ENCLOSURES

Yes No N/A

- | | | | |
|-------------------------------|--------------------------|-------------------------------------|--------------------------|
| 10. Structure & Repair | ☐ | ☒ | ☐ |
| 11. Space | ☐ | ☒ | ☐ |
| 12. Ventilation & Temperature | ☐ | ☒ | ☐ |
| 13. Secured Latches | ☐ | ☒ | ☐ |

PREMISES

Yes No N/A

- | | | | |
|----------------|-------------------------------------|-------------------------------------|--------------------------|
| 14. Drainage | ☐ | ☒ | ☐ |
| 15. Odor | ☒ | ☒ | ☐ |
| 16. Sanitation | ☐ | ☒ | ☐ |

SANITATION

Yes No N/A

Animal Welfare Inspection Form

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