# IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

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

## **Animal Welfare Inspection Form**

Inspection: AB001745

Store ID:

**Business ID: 610** 

**Insp Date:** 5/27/2015

10. Structure & Repair

**Business: 6R UPLANDS KENNEL** 

2960 330th St Phone: 641-990-3641 Livestock Inspector: 02 Stephanie Black GILMAN, IA 50106 Reason: Annual Results: APPROVED Reference: Licensee Information License Number: 610 Expiration Date 11/04/2015 License Posted b Inspection Categories Commercial Breeder b Animal Shelter ... Pet Shop ... Commercial Kennel b **Boarding Kennel** Pound Dealer Public Auction Number of Animals: Dogs \_ 47 Cats Other 17 pups 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 Fail Notes Chapter 67.2(1) Housing Facilities j. j. Outdoor dog runs and exercise areas shall be of sound construction and kept in good repair so as to safely contain the animal(s) therein without injury. Floors shall be concrete, gravel or materials which can be regularly cleaned and kept free of waste accumulation. Grass runs and exercise areas are permissible provided adequate ground cover is maintained, holes are kept filled and the ground cover is not allowed to become overgrown. Dog runs and exercise areas utilizing wire floors are permissible, provided that they are not injurious to the animals and adequately maintained. PRIMARY ENCLOSURES Yes No N/A

**Animal Welfare Inspection Form** PRIMARY ENCLOSURES Yes No N/A ¤ 11. Space ¤ 12. Ventilation & Temperature 13. Secured Latches ¤ **PREMISES** Yes No N/A 14. Drainage  $\alpha$ 15. Odor ¤ 16. Sanitation Ø SANITATION N/A Yes No 17. Washrooms, Basins, Sinks ¤ 18. Supplies & Materials ¤ 19. Cleaned & Sanitized  $\alpha$ **CARE & HUSBANDRY** Yes No N/A 20. Adequate Feed ¤ 21. Adequate Water 22. Exercise  $\alpha$ 23. Vermin Control ¤ 24. Personnel  $\alpha$ **VETERINARY CARE** Yes No N/A  $\alpha$ 25. Isolation Facilities 26. Preventative Programs ¤ 27. Symptoms & Illness  $\alpha$ 28. Therapy Provided  $\alpha$ 29. Apparently Healthy  $\alpha$ TRANSPORTATION Yes No N/A 30. Primary Enclosures  $\alpha$ 31. Vehicles ¤ 32. Care in Transit  $\alpha$ **RECORDS** N/A

33. Purchase, Sale, Transfer, Adoption

34. Boarding, Grooming Training

Vet Inspection Form (Year)

35. Euthanasia

Page 2 of 3

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# Animal Welfare Inspection Form

# Footnote 1

#### Notes:

Must be kept free of waste accumulation.

### Footnote 2

### Notes:

Please ensure that lowest edge of building interior (with rust, sharp edges) is repaired or renovated.

# Footnote 3

### Notes:

Currently treating for kennel cough.

# Footnote 4

#### Notes:

12/2014; KC Cornish, DVM