

# IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

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

## Animal Welfare Inspection Form

**Insp Date:** 9/22/2016      **Business ID:** 610

**Business:** 6R UPLANDS KENNEL  
2960 330th St

GILMAN, IA 50106

**Inspection:** AB002310

**Store ID:**

**Phone:** 641-990-3641

**Livestock Inspector:** 02 Stephanie Black

**Reason:** Annual

**Results:** CONSULTATION

### Reference:

#### Licensee Information

License Number: 610      Expiration Date 11/04/2016      License Posted   

#### Inspection Categories

Commercial Breeder ☒      Animal Shelter ☐      Pet Shop ☐      Commercial Kennel ☒

Boarding Kennel ☐      Pound ☐      Dealer ☐      Public Auction ☐

Number of Animals: Dogs 0      Cats   

Other   

#### INSPECTOR: MARK THE APPROPRIATE BUTTON

##### HOUSING FACILITIES

Yes No N/A

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

##### PRIMARY ENCLOSURES

Yes No N/A

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

##### PREMISES

Yes No N/A

|                |   |   |   |
|----------------|---|---|---|
| 14. Drainage   | i | i | i |
| 15. Odor       | i | i | i |
| 16. Sanitation | i | i | i |

##### SANITATION

Yes No N/A

## Animal Welfare Inspection Form

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