

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

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

Animal Welfare Inspection Form

Insp Date: 1/26/2015 **Business ID:** 8642
Business: 4 Paws Inn LLC
1911 Quebec Ave
Hardy, IA 50545

Inspection: AC001290
Store ID:
Phone: 515-332-5585
Livestock Inspector: 06 Kristin Sadler
Reason: Annual
Results: CONDITIONAL

Reference:

Licensee Information

License Number: 8642 Expiration Date 09/13/2015 License Posted ☐

Inspection Categories

Commercial Breeder ☐ Animal Shelter ☐ Pet Shop ☐ Commercial Kennel ☒
Boarding Kennel ☐ Pound ☐ Dealer ☐ Public Auction ☐

Number of Animals: Dogs 24 Cats 7

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fail Notes | Chapter 67.2(2) Primary Enclosures d. d. Litter pans, containing clean litter, shall be provided at all times for kittens and cats.

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

Fail Notes | *Chapter 67.3(3) Veterinary Care d.*

d. All dogs and cats transported into housing facilities regulated under Iowa Code chapter 162, excluding pounds and animal shelters, shall have been vaccinated against distemper and rabies, unless exempted by direct recommendation of the owner's veterinarian or exempted by Iowa Code section 351.33 or 351.42.

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RECORDS

Yes No N/A

Fail Notes

Chapter 67.7(1) Boarding Kennels & Commercial Kennels a.

a. Records shall be made, and retained for a period of 12 months for each animal boarded, groomed or trained. Records shall include owner's name and address, identification of animal, duration of stay, service provided and illnesses which have occurred.

35. Euthanasia

i i ☒

Vet Inspection Form (Year)

i i ☒

Animal Welfare Inspection Form

Footnote 1

Notes:

Cat room needs clean litter and increased ventilation

Footnote 2

Notes:

Nice facility but the records were not current nor organized on many of the dogs and none of the cats. The facility owner was on vacation and the staff made great attempts to get records on the animals that were not in the system. The animals that are missing vaccination records appear to be owned by the facility owner.

These records need to be created and maintained at all times for each and every animal in the facility.