

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

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

Animal Welfare Inspection Form

Insp Date: 5/15/2018 **Business ID:** 11235

Business: 3 P'S PAWS TRAINING
109 SOUTH WALNUT STREET

CARROLL, IA 51401

Inspection: AC002310

Store ID:

Phone: 712-792-4209

Livestock Inspector: 06 Kristin Sadler

Reason: New

Results: APPROVED

Reference:

Licensee Information

License Number: 11235 Expiration Date _____ 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 | <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"/> |
| 16. Sanitation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SANITATION

Yes No N/A

Animal Welfare Inspection Form

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	<p>Chapter 67.3(3) Veterinary Care d.</p> <p>Chapter 67.7(1) Boarding Kennels & Commercial Kennels a.</p>	<p>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.</p> <p>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.</p>		
35. Euthanasia		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vet Inspection Form (Year)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Animal Welfare Inspection Form

Footnote 1

Notes:

Each class roster shall include date span of class, owner, dog, rabies vaccination due date, and distemper vaccination due date.