IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

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

Animal Welfare Inspection Form

Insp Date: 12/1/2023 Business ID: 11196 **Inspection:** AC004513 Store ID:

Business: 3D DOBERMANS

Phone: 712-631-0602 3225 LARCH AVE

Livestock Inspector: 17 Baylee Currie

SHELDON, IA 51201 Reason: Annual

Results: NON-COMPLIANT

Reference:

Licensee Information								
License Number: 11196 Expiration	Date 02/12/2024	1	License	Posted	þ			
Inspection Categories								
Commercial Breeder Animal Shelter	Pet Shop		Commercial Kenn	el ··				
Boarding Kennel Pound	Dealer		Public Auction	on ··				
Rescue In Home Facility	Dog Daycare		FO	o				
Number of Animals: Dogs7 Cate	s <u>0</u>	Puppies	3	Kittens		0		
Rabbits Birds	Reptiles		Rodents		Fish			
Temperature <u>68F</u>			Humidity 35	%				
Other:								
INSPECTOR: MARK THE APPROPRIATE BUTTON								
HOUSING FACILITIES						Yes	No	N/A
1. Structure and Repair						¤	i	i
2. Shelter						¤	i	i
3. Ventilation, Temperature and Odor						¤	i	i
4. Lighting						¤	i	i
5. Ceilings, Walls, Floors						¤	i	i
6. Storage						¤	i	i
7. Group Housing, Runs & Exercise Areas						¤	i	i
8. Drainage, Waste Disposal and Vermin Contro	ıl					¤	i	i
PRIMARY ENCLOSURES						Yes	No	N/A
9. Structure and Repair						¤	i	i
10. Space and Group Housing						¤	i	i
11. Ventilation & Temperature						¤	i	i
12. Secured Latches						¤	i	i
CLEANING AND SANITATION						Yes	No	N/A
13. Washrooms, Basins, Sinks						¤	i	i
14. Cleaning and Sanitization						¤	i	i

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CARE & HUSBANDRY			Yes	No	N/A
15. Adequate Feed and Water			¤	i	i
16. Exercise			¤	i	i
17. Personnel			¤	i	i
VETERINARY CARE			Yes	No	N/A
18. Isolation Facilities			¤	i	i
19. Disease Prevention and Control (including vaccinations)		¤	i	i	
20. Symptoms, Illnesses and Treatmen	nt		¤	i	i
21. Veterinary Agreement and Inspecti	ion		i	¤	i
Notes Chapter 67.4(3)(i) Veterina	ary Care	i. Commercial establishments, excluding commercial kennels and boarding kennels, shall enter into a written agreement was veterinarian licensed by the state of lowa to provide veterinary care for the animals maintained in the facility. The agreement shall include a requirement that the veterinarian of the facility at least once every 12 months for the purpose of viewing all the animals in the facility, making a general determination concerning the health/disease status of the animals, and reviewing the facility's program for disease prevention and control. If during the course of the visit the veterinarian identifies an animal that requires a more detailed individual examination to determine the specific condition of animal or to determine an appropriate course of treatment, the such examination shall be undertaken. [VIF expired on 9/20/22. Licensee has a veterinary inspection scheduled on 1/03/24.]	visit d the		
TRANSPORTATION			Yes	No	N/A
22. Primary Enclosures			¤	i	i
23. Vehicles			¤	i	i
24. Care in Transit			¤	i	i
RECORDS			Yes	No	N/A
25. Purchase, Sale, Transfer, Adoption	า		¤	i	i
26. Animal Shelter and Pound Records	s		i	i	¤
BOARDING KENNEL AND COMMERCIA	AL KENNE	EL	Yes	No	N/A
27. Boarding Kennel and Commercial	Kennel		i	i	¤
DEALER			Yes	No	N/A
28. Dealer			i	i	¤
DOG DAY CARE			Yes	No	N/A
29. Dog Day Care			i	i	¤
RESCUE			Yes	No	N/A
30. Rescue			i	i	¤
IN HOME FACILITY			Yes	No	N/A
31. In Home Facility			i	i	¤
FOSTER OVERSIGHT ORGANIZATION			Yes	No	N/A

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FOSTER OVERSIGHT ORGANIZATION	Yes No N	I/A
32 Foster Oversight Organization		¤

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Footnote 1

Notes:

VIF expired on 9/20/22. Licensee has a veterinary inspection scheduled on 1/03/24. Provide up to date veterinary inspection as soon as completed to be compliant.