

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

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

Animal Welfare Inspection Form

Insp Date: 2/8/2024

Business ID: 11196

Inspection: AC004584

Business: 3D DOBERMANS
3225 LARCH AVE

Store ID:

Phone: 712-631-0602

Livestock Inspector: 17 Baylee Currie

Reason: Reinspection

Results: COMPLIANT

SHELDON, IA 51201

Reference:

Licensee Information

License Number: 11196

Expiration Date 02/12/2024

License Posted p

Inspection Categories

Commercial Breeder p

Animal Shelter "

Pet Shop "

Commercial Kennel "

Boarding Kennel "

Pound "

Dealer "

Public Auction "

Rescue "

In Home Facility "

Dog Daycare "

FOO "

Number of Animals: Dogs 0 Cats 0 Puppies 0 Kittens 0

Rabbits "

Birds "

Reptiles "

Rodents "

Fish "

Temperature

Humidity

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 Control

☒ 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

Animal Welfare Inspection Form

CARE & HUSBANDRY	Yes	No	N/A
15. Adequate Feed and Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VETERINARY CARE	Yes	No	N/A
18. Isolation Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Disease Prevention and Control (including vaccinations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Symptoms, Illnesses and Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Veterinary Agreement and Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTATION	Yes	No	N/A
22. Primary Enclosures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Care in Transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECORDS	Yes	No	N/A
25. Purchase, Sale, Transfer, Adoption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Animal Shelter and Pound Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOARDING KENNEL AND COMMERCIAL KENNEL	Yes	No	N/A
27. Boarding Kennel and Commercial Kennel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEALER	Yes	No	N/A
28. Dealer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOG DAY CARE	Yes	No	N/A
29. Dog Day Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESCUE	Yes	No	N/A
30. Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IN HOME FACILITY	Yes	No	N/A
31. In Home Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOSTER OVERSIGHT ORGANIZATION	Yes	No	N/A
32. Foster Oversight Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Animal Welfare Inspection Form

Footnote 1

Notes:

A full inspection was not performed in person. The report is being updated to reflect document received via email.
VIF - 2/8//24 - Cari Van Zweden, DVM.