

# IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

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

## Animal Welfare Inspection Form

**Insp Date:** 8/22/2016      **Business ID:** 10969  
**Business:** A LITTLE BIT OF COUNTRY DOG RESCUE  
3457 175TH ST

WEVER, IA 52658

**Inspection:** AF001470  
**Store ID:**  
**Phone:** 319-750-4293  
**Livestock Inspector:** 04 Wayne Grier  
**Reason:** New  
**Results:** APPROVED

### Reference:

#### Licensee Information

License Number: 10969      Expiration Date \_\_\_\_\_      License Posted ☐

#### Inspection Categories

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

Boarding Kennel ☐      Pound ☐      Dealer ☒      Public Auction ☐

Number of Animals: Dogs 5      Cats 7

Other 1 rabbit

#### 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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"/>	
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:**

7 Paint the bare wqood around outside access for indoor - outdoor runs.

### **Footnote 2**

**Notes:**

33. Explained the records to be kept and all vet records are up to date. Need records for intake.

### **Footnote 3**

**Notes:**

35. By Veterinarian if required.