

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP
ANIMAL INDUSTRY BUREAU
DES MOINES OFFICE: 515-281-6358

Animal Welfare Inspection Form

Insp Date: 8/26/2020

Business ID: 9215

Inspection: AF002728

Business: A PAW ABOVE
1373 SALEM RD

Store ID:

Phone: 319-258-9106

HILLSBORO, IA 52630

Livestock Inspector: 04 Wayne Grier

Reason: Annual

Results: COMPLIANT

Reference:

Licensee Information

License Number: 9215 Expiration Date 05/17/2021 License Posted

Inspection Categories

Commercial Breeder Animal Shelter Pet Shop Commercial Kennel
Boarding Kennel Pound Dealer Public Auction
Rescue In Home Facility Dog Daycare
Dogs _____ 4 Cats _____

Number of Animals:

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"/>

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PREMISES	Yes	No	N/A
15. Odor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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, Dog Day Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Euthanasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Vet Inspection Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEALER	Yes	No	N/A
37. Dealer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOG DAY CARE	Yes	No	N/A
38. Dog Day Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESCUE	Yes	No	N/A
39. Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOSTER OVERSIGHT ORGANIZATION	Yes	No	N/A
40. Foster Oversight Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Footnote 1

Notes:

3 & 12 Humidity 47.15 % Temp is 71. 20