

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

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

Animal Welfare Inspection Form

Insp Date: 3/1/2013

Business ID: 3005

Inspection: AI000111

Business: 4 PAWS UNLEASHED
15303 HICKMAN RD

Store ID:

Phone: 515-987-7918

Livestock Inspector: 09 Dixie Erdman

Reason: Annual

Results: APPROVED

CLIVE, IA 50325

Reference:

Licensee Information

License Number: 3005

Expiration Date 12/26/2012

License Posted p

Inspection Categories

Commercial Breeder ☐

Animal Shelter ☐

Pet Shop ☐

Commercial Kennel ☒

Boarding Kennel ☐

Pound ☐

Dealer ☐

Public Auction ☐

Number of Animals: Dogs 16 Cats

Other 32 day care, rotating rooms/areas

INSPECTOR: MARK THE APPROPRIATE BUTTON

HOUSING FACILITIES

Yes No N/A

1. Structure & Repair

☒ ☐ ☐

2. Shelter

☒ ☐ ☐

3. Ventilation & Temperature

☒ ☐ ☐

4. Lighting

☒ ☐ ☐

5. Ceilings, Walls, Floors

☒ ☐ ☐

6. Storage

☒ ☐ ☐

7. Runs & Exercise Area

☒ ☐ ☐

8. Drainage

☒ ☐ ☐

9. Waste Disposal

☒ ☐ ☐

PRIMARY ENCLOSURES

Yes No N/A

10. Structure & Repair

☒ ☐ ☐

11. Space

☒ ☐ ☐

12. Ventilation & Temperature

☒ ☐ ☐

13. Secured Latches

☒ ☐ ☐

PREMISES

Yes No N/A

14. Drainage

☒ ☐ ☐

15. Odor

☒ ☐ ☐

16. Sanitation

☒ ☐ ☐

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:

floor in bathing room needs to be recovered, starting to wear which will allow moisture to seep thru.

some floor areas of the nap room kennel need to be resealed/patched

Footnote 2

Notes:

wood platform in first day care room needs to be sealed and a solution to chewed edges on the platform.