

# IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

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

## Animal Welfare Inspection Form

**Insp Date:** 2/19/2014      **Business ID:** 1528

**Business:** ADAIR COUNTY VET CLINIC PC  
407 SE NOBLE

GREENFIELD, IA 50849

**Inspection:** AI000471

**Store ID:**

**Phone:** 641-743-2318

**Livestock Inspector:** 09 Dixie Erdman

**Reason:** Annual

**Results:** APPROVED

### Reference:

#### Licensee Information

License Number: 1528      Expiration Date 09/01/2014      License Posted p

#### Inspection Categories

Commercial Breeder    "      Animal Shelter    "      Pet Shop    "      Commercial Kennel    p

Boarding Kennel    "      Pound    "      Dealer    "      Public Auction    "

Number of Animals:    Dogs 3      Cats \_\_\_\_\_

Other \_\_\_\_\_

#### INSPECTOR: MARK THE APPROPRIATE BUTTON

##### HOUSING FACILITIES

|                              | Yes                      | No                       | N/A                      |
|------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Structure & Repair        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Shelter                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ventilation & Temperature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Lighting                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Ceilings, Walls, Floors   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Storage                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Runs & Exercise Area      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Drainage                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Waste Disposal            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

##### PRIMARY ENCLOSURES

|                               | Yes                      | No                       | N/A                      |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| 10. Structure & Repair        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Space                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ventilation & Temperature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Secured Latches           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

##### PREMISES

|                | Yes                      | No                       | N/A                      |
|----------------|--------------------------|--------------------------|--------------------------|
| 14. Drainage   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 |
|--|-----|----|-----|
|--|-----|----|-----|

## 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"/> |     |