

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

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

Animal Welfare Inspection Form

Insp Date: 3/17/2014 **Business ID:** 866

Business: ADEL VETERINARY CLINIC PC
619 GREENE ST

ADEL, IA 50003

Inspection: AI000515

Store ID:

Phone: 515-993-4707

Livestock Inspector: 09 Dixie Erdman

Reason: Annual

Results: APPROVED

Reference:

Licensee Information

License Number: 866 Expiration Date 09/01/2013 License Posted

Inspection Categories

Commercial Breeder Animal Shelter Pet Shop Commercial Kennel

Boarding Kennel p Pound p Dealer Public Auction

Number of Animals: Dogs 20 Cats 3

Other

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	☐	☐	☐	
18. Supplies & Materials	☐	☐	☐	
19. Cleaned & Sanitized	☐	☐	☐	
CARE & HUSBANDRY		Yes	No	N/A
20. Adequate Feed	☐	☐	☐	
21. Adequate Water	☐	☐	☐	
22. Exercise	☐	☐	☐	
23. Vermin Control	☐	☐	☐	
24. Personnel	☐	☐	☐	
VETERINARY CARE		Yes	No	N/A
25. Isolation Facilities	☐	☐	☐	
26. Preventative Programs	☐	☐	☐	
27. Symptoms & Illness	☐	☐	☐	
28. Therapy Provided	☐	☐	☐	
29. Apparently Healthy	☐	☐	☐	
TRANSPORTATION		Yes	No	N/A
30. Primary Enclosures	☐	☐	☐	
31. Vehicles	☐	☐	☐	
32. Care in Transit	☐	☐	☐	
RECORDS		Yes	No	N/A
33. Purchase, Sale, Transfer, Adoption	☐	☐	☐	
34. Boarding, Grooming Training	☐	☐	☐	
35. Euthanasia	☐	☐	☐	
Vet Inspection Form (Year)	☐	☐	☐	