# IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

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

## Animal Welfare Inspection Form

**Insp Date:** 6/20/2017 **Business ID:** 3005
**Business:** 4 PAWS UNLEASHED
15303 HICKMAN RD

CLIVE, IA 50325

**Inspection:** AI001323
**Store ID:**
**Phone:** 515-987-7918
**Livestock Inspector:** 09 Dixie Erdman
**Reason:** Annual
**Results:** APPROVED

**Reference:**

### Licensee Information

License Number: 3005 Expiration Date 12/26/2017 License Posted þ

### Inspection Categories

Commercial Breeder ¨ Animal Shelter ¨ Pet Shop ¨ Commercial Kennel þ

Boarding Kennel ¨ Pound ¨ Dealer ¨ Public Auction ¨

Number of Animals: Dogs 62 Cats

Other

### INSPECTOR: MARK THE APPROPRIATE BUTTON

| HOUSING FACILITIES | Yes | No | N/A |
|---|---|---|---|
| 1. Structure & Repair | ¤ | i | i |
| 2. Shelter | ¤ | i | i |
| 3. Ventilation & Temperature | ¤ | i | i |
| 4. Lighting | ¤ | i | i |
| 5. Ceilings, Walls, Floors | ¤ | i | i |
| 6. Storage | ¤ | i | i |
| 7. Runs & Exercise Area | ¤ | i | i |
| 8. Drainage | ¤ | i | i |
| 9. Waste Disposal | ¤ | i | i |
| **PRIMARY ENCLOSURES** | **Yes** | **No** | **N/A** |
| 10. Structure & Repair | ¤ | i | i |
| 11. Space | ¤ | i | i |
| 12. Ventilation & Temperature | ¤ | i | i |
| 13. Secured Latches | ¤ | i | i |
| **PREMISES** | **Yes** | **No** | **N/A** |
| 14. Drainage | ¤ | i | i |
| 15. Odor | ¤ | i | i |
| 16. Sanitation | ¤ | i | i |
| **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) | ¡ | ¡ | ¤ |

**Footnote 1**

**Notes:**
need to fix floor in bath room with new flooring

**Footnote 2**

**Notes:**
outside wood fence needs new finish

wood bench in play room need to replace, in poor shape

**Footnote 3**

**Notes:**
chalk around bathtub needs attention