

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

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

Animal Welfare Inspection Form

Insp Date: 6/14/2019 **Business ID:** 11397

Business: A DOG'S DAY OUT
2600 WEST 2ND AVENUE

INDIANOLA, IA 50125

Inspection: AI001915

Store ID:

Phone: 515-823-4002

Livestock Inspector: 09 Dixie Erdman

Reason: New

Results: APPROVED

Reference:

Licensee Information

License Number: 11397 Expiration Date _____ License Posted ☐

Inspection Categories

Commercial Breeder ☐ Animal Shelter ☐ Pet Shop ☐ Commercial Kennel ☒

Boarding Kennel ☐ Pound ☐ Dealer ☐ Public Auction ☐

Number of Animals: Dogs 0 Cats _____

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"/> |
| 15. Odor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Sanitation | <input checked="" 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"/>	

Animal Welfare Inspection Form

Footnote 1

Notes:

This is a newly remodeled facility, new waterproof walls and floors, new tub, all easily cleaned, New grooming table.

Both owners/operators have extensive experience in this field.

will require and use paper vac records.