

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP
 ANIMAL INDUSTRY BUREAU
 DES MOINES OFFICE: 515-281-6358

Animal Welfare Inspection Form

Insp Date: 8/27/2020 **Business ID:** 11397

Inspection: AI002269

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

Store ID:

Phone: 515-823-4002

INDIANOLA, IA 50125

Livestock Inspector: 09 Dixie Erdman

Reason: Annual

Results: NON-COMPLIANT

Reference:

Licensee Information

License Number: 11397 Expiration Date 06/14/2021 License Posted

Inspection Categories

Commercial Breeder Animal Shelter Pet Shop Commercial Kennel
 Boarding Kennel Pound Dealer Public Auction
 Rescue In Home Facility Dog Daycare
 Dogs 11 Cats _____

Number of Animals:

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"/>

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PREMISES	Yes No N/A
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- | | | | |
|----------------|---|---|---|
| 15. Odor | ☒ | i | i |
| 16. Sanitation | ☒ | i | i |

SANITATION	Yes No N/A
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- | | | | |
|------------------------------|---|---|---|
| 17. Washrooms, Basins, Sinks | ☒ | i | i |
| 18. Supplies & Materials | ☒ | i | i |
| 19. Cleaned & Sanitized | ☒ | i | i |

CARE & HUSBANDRY	Yes No N/A
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- | | | | |
|--------------------|---|---|---|
| 20. Adequate Feed | i | i | ☒ |
| 21. Adequate Water | i | i | ☒ |
| 22. Exercise | i | i | ☒ |
| 23. Vermin Control | i | i | ☒ |
| 24. Personnel | ☒ | i | i |

VETERINARY CARE	Yes No N/A
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- | | | | |
|---------------------------|---|---|---|
| 25. Isolation Facilities | ☒ | i | i |
| 26. Preventative Programs | ☒ | i | i |
| 27. Symptoms & Illness | i | i | ☒ |
| 28. Therapy Provided | i | i | ☒ |
| 29. Apparently Healthy | ☒ | i | i |

TRANSPORTATION	Yes No N/A
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- | | | | |
|------------------------|---|---|---|
| 30. Primary Enclosures | i | i | ☒ |
| 31. Vehicles | i | i | ☒ |
| 32. Care in Transit | i | i | ☒ |

RECORDS	Yes No N/A
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- | | | | |
|---|---|---|---|
| 33. Purchase, Sale, Transfer, Adoption | i | i | ☒ |
| 34. Boarding, Grooming Training, Dog Day Care | ☒ | i | i |
| 35. Euthanasia | i | i | i |
| 36. Vet Inspection Form | i | ☒ | i |

Fail Notes	<p><i>Chapter 67.4(3)(j) Veterinary Care j. Commercial kennels and boarding kennels must have a written agreement with a veterinarian licensed by the state of Iowa to provide veterinary care for an animal in their care should veterinary care be required.</i></p>
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DEALER

- | | | | | | | |
|------------|-----|----|-----|---|---|---|
| 37. Dealer | Yes | No | N/A | i | i | i |
|------------|-----|----|-----|---|---|---|

DOG DAY CARE

- | | | | | | | |
|------------------|---|-----|---|----|---|-----|
| 38. Dog Day Care | i | Yes | i | No | i | N/A |
|------------------|---|-----|---|----|---|-----|

RESCUE

- | | | | |
|------------|---|---|---|
| 39. Rescue | i | i | i |
|------------|---|---|---|

Animal Welfare Inspection Form

FOSTER OVERSIGHT ORGANIZATION

Yes No N/A

40. Foster Oversight Organization

i i i

Animal Welfare Inspection Form

Footnote 1

Notes:

Humidity = 65.

Temp = 74 Building is air conditioned and heated, additionally uses a humidifier in main room

Footnote 2

Notes:

need to add some additional holding kennels for animals on site

Footnote 3

Notes:

current vacs on all animals on site

Footnote 4

Notes:

grooming only, does have client contract/contact sheet, suggest some additions.

Footnote 5

Notes:

does not have completed, has discussed with All Creatures and have a verbal to sign an agreement, will get signed no later than Sept. 3, 2020