

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

**Animal Welfare Inspection Form**

**Insp Date:** 12/8/2015      **Business ID:** 9818

**Business:** A DOGGIE IN THE WINDOW  
 1401 N. 2ND STREET

Clinton, IA 52732

**Inspection:** AK001146

**Store ID:**

**Phone:** 563-212-2056

**Livestock Inspector:** 11 Emily Rogers

**Reason:** Annual

**Results:** APPROVED

**Reference:**

**Licensee Information**

License Number: 9818      Expiration Date 02/28/2016      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 Grooming only

**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
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## Animal Welfare Inspection Form

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