

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

Animal Welfare Inspection Form

Insp Date: 5/22/2019 **Business ID:** 9818
Business: A DOGGIE IN THE WINDOW
 1401 N. 2ND STREET

Clinton, IA 52732

Inspection: AK002622
Store ID:
Phone: 563-212-2056
Livestock Inspector: 11 Emily Rogers
Reason: Annual
Results: APPROVED

Reference:

Licensee Information

License Number: 9818 Expiration Date 08/25/2019 License Posted

Inspection Categories

Commercial Breeder Animal Shelter Pet Shop Commercial Kennel
 Boarding Kennel Pound Dealer Public Auction

Number of Animals: Dogs 3 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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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| 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"/> |