

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

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

Animal Welfare Inspection Form

Insp Date: 11/17/2020 **Business ID:** 4656

Business: ADAMS PET HOSPITAL
5875 SARATOGA RD

DUBUQUE, IA 52002

Inspection: AK003242

Store ID:

Phone: 563-582-5500

Livestock Inspector: 11 Emily Rogers

Reason: Annual

Results: COMPLIANT

Reference:

Licensee Information

License Number: 4656 Expiration Date 09/09/2021 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 4 Cats

Number of Animals:

Other grooming and boarding

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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Animal Welfare Inspection Form

PREMISES		Yes	No	N/A
15. Odor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Sanitation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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, Dog Day Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Euthanasia		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Vet Inspection Form		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEALER		Yes	No	N/A
37. Dealer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOG DAY CARE		Yes	No	N/A
38. Dog Day Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESCUE		Yes	No	N/A
39. Rescue		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOSTER OVERSIGHT ORGANIZATION		Yes	No	N/A
40. Foster Oversight Organization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Animal Welfare Inspection Form

Footnote 1

Notes:

collecting records in written and electronic form from non-patient clients

Footnote 2

Notes:

performed at clinic but not through grooming and training