

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

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

Animal Welfare Inspection Form

Insp Date: 2/15/2022 **Business ID:** 446
Business: ABEL-KEPPY ANIMAL HOSPITAL
619 14TH ST

BETTENDORF, IA 52722

Inspection: AK003750
Store ID:
Phone: 563-355-5311
Livestock Inspector: 11 Emily Rogers
Reason: Reinspection
Results: COMPLIANT

Reference:

Licensee Information

License Number: 446 Expiration Date 09/01/2022 License Posted ☐

Inspection Categories

Commercial Breeder ☐ Animal Shelter ☐ Pet Shop ☐ Commercial Kennel ☒
Boarding Kennel ☐ Pound ☐ Dealer ☐ Public Auction ☐
Rescue ☐ In Home Facility ☐ Dog Daycare ☐ FOO ☐
Number of Animals: Dogs 3 Cats 0 Puppies 0 Kittens 0
Rabbits ☐ Birds ☐ Reptiles ☐ Rodents ☐ Fish ☐
Temperature _____ Humidity _____

Other:

INSPECTOR: MARK THE APPROPRIATE BUTTON

HOUSING FACILITIES	Yes	No	N/A
1. Structure and Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ventilation, Temperature and Odor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ceilings, Walls, Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Group Housing, Runs & Exercise Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Drainage, Waste Disposal and Vermin Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRIMARY ENCLOSURES	Yes	No	N/A
9. Structure and Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Space and Group Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ventilation & Temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Secured Latches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLEANING AND SANITATION	Yes	No	N/A
13. Washrooms, Basins, Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Cleaning and Sanitization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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CARE & HUSBANDRY	Yes	No	N/A
15. Adequate Feed and Water	i	i	i
16. Exercise	i	i	i
17. Personnel	i	i	i
VETERINARY CARE	Yes	No	N/A
18. Isolation Facilities	i	i	i
19. Disease Prevention and Control (including vaccinations)	i	i	i
20. Symptoms, Illnesses and Treatment	i	i	i
21. Veterinary Agreement and Inspection	i	i	i
TRANSPORTATION	Yes	No	N/A
22. Primary Enclosures	i	i	i
23. Vehicles	i	i	i
24. Care in Transit	i	i	i
RECORDS	Yes	No	N/A
25. Purchase, Sale, Transfer, Adoption	i	i	i
26. Animal Shelter and Pound Records	i	i	i
BOARDING KENNEL AND COMMERCIAL KENNEL	Yes	No	N/A
27. Boarding Kennel and Commercial Kennel	i	i	i
DEALER	Yes	No	N/A
28. Dealer	i	i	i
DOG DAY CARE	Yes	No	N/A
29. Dog Day Care	i	i	i
RESCUE	Yes	No	N/A
30. Rescue	i	i	i
IN HOME FACILITY	Yes	No	N/A
31. In Home Facility	i	i	i
FOSTER OVERSIGHT ORGANIZATION	Yes	No	N/A
32. Foster Oversight Organization	i	i	i

Animal Welfare Inspection Form

Footnote 1

Notes:

All materials compliant
solid resting surfaces in use
small amount of rust discovered was resolved

Footnote 2

Notes:

appropriate and compliant rearrangements made
all dogs present compliant