

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

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

Animal Welfare Inspection Form

Insp Date: 5/5/2022 **Business ID:** 10942

Business: A TENDER TOUCH GROOMING
813 9TH AVE

CAMANCHE, IA 52730

Inspection: AK003843

Store ID:

Phone: 563-249-2746

Livestock Inspector: 11 Emily Rogers

Reason: Annual

Results: NON-COMPLIANT

Reference:

Licensee Information

License Number: 10942 Expiration Date 05/24/2023 License Posted p

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 4 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Shelter | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ventilation, Temperature and Odor | <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. Group Housing, Runs & Exercise Areas | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Drainage, Waste Disposal and Vermin Control | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Secured Latches | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CLEANING AND SANITATION

Yes No N/A

- | | | | |
|-------------------------------|-------------------------------------|--------------------------|--------------------------|
| 13. Washrooms, Basins, Sinks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Cleaning and Sanitization | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Animal Welfare Inspection Form

| CARE & HUSBANDRY | | | Yes | No | N/A |
|---|---|---|--------------------------|--------------------------|--------------------------|
| 15. Adequate Feed and Water | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Exercise | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Personnel | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| VETERINARY CARE | | | Yes | No | N/A |
| 18. Isolation Facilities | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Disease Prevention and Control (including vaccinations) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Symptoms, Illnesses and Treatment | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Veterinary Agreement and Inspection | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TRANSPORTATION | | | Yes | No | N/A |
| 22. Primary Enclosures | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Vehicles | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Care in Transit | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RECORDS | | | Yes | No | N/A |
| 25. Purchase, Sale, Transfer, Adoption | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Animal Shelter and Pound Records | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BOARDING KENNEL AND COMMERCIAL KENNEL | | | Yes | No | N/A |
| 27. Boarding Kennel and Commercial Kennel | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Notes | <p><i>Chapter 67.7(1)(a) Records</i></p> <p><i>Chapter 67.7(1)(b) Vaccination</i></p> | <p><i>a. Records shall be made and retained for a period of 12 months for each animal boarded, groomed or trained. Records shall include the following: (1) Owner's name, address, telephone number and email address; (2) Identification of animal; (3) Duration of animal's stay; (4) Service(s) provided; (5) Any illnesses which have occurred and veterinary treatment the animal received; and (6) Written documentation of the animal's vaccinations or vaccination exemptions from a veterinarian.</i></p> <p><i>[there was a dog that was groomed yesterday for the family Bigwood. There was no record on file of the pet being current for Distemper and Parvo]</i></p> <p><i>b. All dogs and cats transported into boarding kennels and commercial kennels regulated under Iowa Code chapter 162 shall have been vaccinated against distemper, parvo and rabies, unless exempted by Iowa Code section 351.42 or the direct written recommendation of a qualified veterinarian. Vaccine records and exemptions must be kept on file for a period of 12 months for each animal boarded, groomed, or trained.</i></p> <p><i>[The pet that was out of compliance was groomed with 2 other dogs from the same family. The other two pets were showing current on Rabies, DHPP, and Lepto 4. The pet out of compliance had documentation showing current for rabies and lepto 4, but no DHPP. The vet that had completed the work was called by the inspector to assure that lepto 4 was not a combination shot that included Distemper and parvo. With out asking specific pet medical info and with out the vet office revealing it - it was stated by the veterinarian that the Lepto 4 vaccination issued by that veterinarian did not include Distemper and parvo.]</i></p> | | | |
| DEALER | | | Yes | No | N/A |
| 28. Dealer | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Animal Welfare Inspection Form

DOG DAY CARE

Yes No N/A

29. Dog Day Care

☐ ☐ ☐

RESCUE

Yes No N/A

30. Rescue

☐ ☐ ☐

IN HOME FACILITY

Yes No N/A

31. In Home Facility

☐ ☐ ☐

FOSTER OVERSIGHT ORGANIZATION

Yes No N/A

32. Foster Oversight Organization

☐ ☐ ☐

Animal Welfare Inspection Form

Footnote 1

Notes:

A reinspection shall be performed on or after 5-16-22.

a record check from 5/6/22 forward will be subject to inspection. Records from 5/5/22 were examined and compliant.