

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

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

Animal Welfare Inspection Form

Insp Date: 5/19/2022 **Business ID:** 10942

Business: A TENDER TOUCH GROOMING
813 9TH AVE

CAMANCHE, IA 52730

Inspection: AK003847

Store ID:

Phone: 563-249-2746

Livestock Inspector: 11 Emily Rogers

Reason: Reinspection

Results: COMPLIANT

Reference:

Licensee Information

License Number: 10942 Expiration Date 05/24/2023 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 0 Cats 0 Puppies 6 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Space and Group Housing	<input 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
Notes	<div style="display: flex;"> <div style="flex: 1;"> <p><i>Chapter 67.4(3)(e) Vaccinations</i></p> </div> <div style="flex: 2;"> <p><i>e. All dogs and cats taken into the care of a dealer, or transported into housing facilities regulated under Iowa Code chapter 162, excluding pounds and animal shelters, shall have been vaccinated against distemper, parvo and rabies, unless exempted by direct written recommendation of the owner's veterinarian or exempted by Iowa Code section 351.42 before entering the housing facility or being taken into the care of a dealer. Rabies titers shall not be accepted by a commercial establishment in lieu of a rabies vaccination.</i></p> <p><i>[records checked for May 6, 11, 12 and compliance was achieved.]</i></p> </div> </div>			
	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
Notes	<div style="display: flex;"> <div style="flex: 1;"> <p><i>Chapter 67.7(1)(a) Records</i></p> </div> <div style="flex: 2;"> <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>[records checked for May 6, 11, 12 and compliance was achieved.]</i></p> </div> </div>			
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

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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

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