IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

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

Animal Welfare Inspection Form

Insp Date: 6/10/2022 Business ID: 11983 Inspection: AL003205 Store ID:

Business: A DOGS TAIL

1619 12TH AVE **Phone:** 7122974170 Livestock Inspector: 10 Sam Burnight

MANSON, IA 50563 Reason: New

Results: COMPLIANT

Reference:

Licensee Information				
License Number: 11983 Expiration Date License Posted				
Inspection Categories				
Commercial Breeder Animal Shelter Pet Shop Commercial Kennel D				
Boarding Kennel Pound Dealer Public Auction				
Rescue In Home Facility Dog Daycare FOO				
,		_		
Number of Animals: Dogs0 Cats0 Puppies0 Kittens		<u>0</u>		
Rabbits Birds Reptiles Rodents	Fish			
Temperature 68 degrees Humidity 17%			_	
Other:				
INSPECTOR: MARK THE APPROPRIATE BUTTON				
HOUSING FACILITIES	Ye	es	No	N/A
1. Structure and Repair	¤		i	i
2. Shelter	¤		i	i
3. Ventilation, Temperature and Odor	¤		i	i
4. Lighting	¤		i	i
5. Ceilings, Walls, Floors	¤		i	i
6. Storage	¤		i	i
7. Group Housing, Runs & Exercise Areas	¤		i	i
8. Drainage, Waste Disposal and Vermin Control	¤		i	i
PRIMARY ENCLOSURES	Y	es	No	N/A
9. Structure and Repair		ĭ	i	i
10. Space and Group Housing	ŗ	ĭ	i	i
11. Ventilation & Temperature	X	ĭ	i	i
12. Secured Latches	X	ĭ	i	i
CLEANING AND SANITATION	Y	es	No	N/A
13. Washrooms, Basins, Sinks		ĭ	i	i
14. Cleaning and Sanitization	X	ĭ	i	i

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A minute World in operation 1 cm			
CARE & HUSBANDRY	Yes I	No	N/A
15. Adequate Feed and Water	¤	i	i
16. Exercise	¤	i	i
17. Personnel	¤	i	i
VETERINARY CARE	Yes	No	N/A
18. Isolation Facilities	¤	i	i
19. Disease Prevention and Control (including vaccinations)	¤	i	i
20. Symptoms, Illnesses and Treatment	¤	i	i
21. Veterinary Agreement and Inspection	¤	i	i
TRANSPORTATION	Yes	No	N/A
22. Primary Enclosures	i	i	¤
23. Vehicles	i	i	¤
24. Care in Transit	i	i	¤
RECORDS	Yes	No	N/A
25. Purchase, Sale, Transfer, Adoption	¤	i	i
26. Animal Shelter and Pound Records	i	i	¤
BOARDING KENNEL AND COMMERCIAL KENNEL	Yes	No	N/A
27. Boarding Kennel and Commercial Kennel	¤	i	i
DEALER	Yes	No	N/A
28. Dealer	i	i	¤
DOG DAY CARE	Yes	No	N/A
29. Dog Day Care	i	i	¤
RESCUE	Yes	No	N/A
30. Rescue	i	i	¤
IN HOME FACILITY	Yes	No	N/A
31. In Home Facility	¤	i	i
FOSTER OVERSIGHT ORGANIZATION	Yes	No	N/A
32. Foster Oversight Organization	i	i	¤

Animal Welfare Inspection Form

Footnote 1

Notes:

This is completely newly remodeled garage with seperate entrance.

Footnote 2

Notes:

All new shop. Epoxy treated floors and all exterior walls painted or paneled in water proof side.

Footnote 3

Notes:

No boarding or group housing

Footnote 4

Notes:

Lmon--256 santizer

Footnote 5

Notes:

All dogs required to be fully vaccinated.

Footnote 6

Notes:

Computer file with hard copy backup on all dogs and owners.