

**IOWA DEPARTMENT OF AGRICULTURE
ANIMAL WELFARE INSPECTION
DES MOINES OFFICE: 515-281-6358**

Name of Business: Westwind Wheatens License No.: None
 Address: 1726 206th St. Red Oak Expiration Date: _____
 Owner(s): Steve & Sherry Akers
 Inspection Date: 9-22-11 Time: _____
 Inspection category(ies):
 Commercial Breeder X Animal Shelter _____ Pet Shop _____
 Boarding Kennel _____ Pound _____ Dealer _____
 Commercial Kennel _____ Public Auction _____ Privately Owned Pound _____
 Number of Animals: Dogs 5 Cats _____ Other _____

INSPECTOR: MARK "X" ON LINE, IF ADEQUATE. CIRCLE ITEM NUMBER, IF INADEQUATE

| | | |
|--|---|---|
| HOUSING FACILITIES 1. Structure & Repair <u>✓</u> 2. Shelter <u>✓</u> 3. Ventilation & Temperature <u>✓</u> 4. Lighting <u>✓</u> 5. Ceilings, Walls, Floors <u>✓</u> 6. Storage <u>✓</u> 7. Runs & Exercise Areas <u>✓</u> 8. Drainage <u>✓</u> 9. Waste Disposal <u>✓</u> PRIMARY ENCLOSURES 10. Structure & Repair <u>✓</u> 11. Space <u>✓</u> 12. Ventilation & Temperature <u>✓</u> 13. Secured Latches <u>✓</u> | PREMISES 14. Drainage <u>✓</u> 15. Odor <u>✓</u> 16. Sanitation <u>✓</u> SANITATION 17. Washrooms, Basins, Sinks <u>✓</u> 18. Supplies & Materials <u>✓</u> 19. Cleaned & Sanitized <u>✓</u> CARE AND HUSBANDRY 20. Adequate Feed <u>✓</u> 21. Adequate Water <u>✓</u> 22. Exercise <u>✓</u> 23. Vermin control <u>✓</u> 24. Personnel <u>✓</u> | VETERINARY CARE 25. Isolation Facilities <u>✓</u> 26. Preventative Programs <u>✓</u> 27. Symptoms of Illness <u>✓</u> 28. Therapy Provided <u>✓</u> 29. Apparently Healthy <u>✓</u> TRANSPORTATION 30. Primary Enclosures <u>NA</u> 31. Vehicles <u>+</u> 32. Care in Transit <u>+</u> RECORDS 33. Purchase, Sale, Transfer, Adoption <u>✓</u> 34. Boarding, Grooming, Training <u>NA</u> 35. Euthanasia <u>NA</u> 36. Vet Inspection Form (Year) <u>✓</u> |
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| ITEM NUMBER | EXPLANATION OF INADEQUACY (CIRCLED ITEM ABOVE) AND RECOMMENDATION FOR COMPLIANCE | DATE CORRECTIONS TO BE COMPLETED |
|-------------|--|----------------------------------|
| 36 | Get VIF | 12-31-11 |

INSPECTORS SIGNATURE: Douglas J. Anderson DATE: 9-22-11
 OWNER OR AUTHORIZED AGENT (SIGNATURE): Steve Akers
X APPROVED _____ CONDITIONALLY APPROVED _____ DISAPPROVED