

## **Veterinary Inspection Form**

Code of Iowa, Chapter 162, Care of Animals in Commercial Establishments  
Licensed Facilities

Iowa Administrative Code Chapter 21-67.4(3) Veterinary Care states, in part:

*i* Commercial establishments, excluding commercial kennels and boarding kennels, shall enter into a written agreement with a veterinarian licensed by the state of Iowa to provide veterinary care for the animals maintained in the facility. The agreement shall include a requirement that the veterinarian visit the facility at least once every 12 months for the purpose of viewing all the animals in the facility, making a general determination concerning the health/disease status of the animals, and reviewing the facility's program for disease prevention and control. If during the course of the visit, the veterinarian identifies an animal that requires a more detailed individual examination to determine the specific condition of the animal or to determine an appropriate course of treatment, then such examination shall be undertaken.

*j* Commercial kennels and boarding kennels must have a written agreement with a veterinarian licensed by the state of Iowa to provide veterinary care for an animal in their care should veterinary care be required.

*k* If during an inspection of a facility the department finds an animal which appears to have a physical condition or disease that, in the opinion of the inspector, requires a veterinarian's attention, the department may order that the licensee subject the animal to a veterinarian's examination at the licensee's expense. The department may require the licensee to submit written proof of the veterinarian's examination and results of the examination within a time frame set by the department.

**Date of Inspection:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Licensee or Business Representative Name:** \_\_\_\_\_

**Facility Type:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

**Veterinarian Name:** \_\_\_\_\_

**Health/Disease Status of Animals:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Disease Prevention/Control Program:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Licensee or Business Representative Signature:** \_\_\_\_\_

**Veterinarian Signature:** \_\_\_\_\_

*Record Retention: This record to be maintained by the licensee, and made available to departmental personnel, for a period of at least 24 months.*