Veterinarian Inspection Form
Code of Iowa Chapter 162
Licensed Facilities

Iowa Administrative Code Chapter 21-67.3(3) states, in part:

e. Each commercial breeder shall enter into a written agreement with a veterinarian licensed in this state to provide veterinary care for the animals maintained in the commercial breeder’s 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 commercial breeder’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.

f. If during an inspection of a facility the department finds an animal which appears to have a physical condition or disease which, 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: _____________________________________________________________

Licensee Name/license number: _________________________________________________

Address: ______________________________________________________________________

(Street Number and Name)                   (Town)                        (Zip)

Veterinarian Name: _____________________________________________________________

Health/Disease Status of Animals:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Disease Prevention/Control Program:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Comments:

______________________________________________________________________________

______________________________________________________________________________

Licensee 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.

Version 1/2011