



## Inspection Report

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Edna Yoder  
2169 CR 70  
Sugarcreek, OH 44681

Customer ID: **6021286**  
Certificate: **31-A-1002**  
Site: 001  
Edna Yoder

Type: ROUTINE INSPECTION  
Date: 10-JUN-2025

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### 2.40(b)(2) Direct

#### Attending veterinarian and adequate veterinary care (dealers and exhibitors).

One dog has been identified at the facility as requiring veterinary care. The facility had identified the dental issue prior to the inspection. However, the facility representative did not think that veterinary care was necessary at this time.

A red male poodle (tag #70, microchip #450) that is approximately 7 years old has severe gum recession on the upper and lower jaw. The roots of the teeth are exposed, and multiple teeth are mobile when minimal pressure applied. Additionally, there are multiple teeth missing on the top and lower jaw. This issue was identified while performing the physical examination of the dog when the inspector observed movement in the teeth with minimum pressure applied to the gums.

Failure to provide appropriate methods to properly diagnose and treat dental problems in a timely manner may result in difficulty eating, pain, and suffering.

Correct by ensuring that the animal listed above, and the condition of the animal are reported to the attending veterinarian so that the animal can be properly examined, diagnosed, and treated. The outcome of this consultation including the diagnosis, treatment plan and how the condition will be resolved must be documented and provided to the inspector upon request. The licensee must ensure all animals receive adequate veterinary care. The animal listed here must be seen by a veterinarian by 5:00pm on 11-June-2025.

### 3.13(a)(3)

#### Veterinary care for dogs.

The facility has not administered rabies vaccinations for 30 adult dogs in accordance with the schedule outlined in the program of veterinary care. Failure to follow a written and Attending Veterinarian approved schedule for vaccinations of contagious and/or deadly diseases can result in an increased risk of disease exposure in the dogs. The facility must ensure that vaccinations for contagious and/or deadly diseases of dogs (including rabies, parvovirus and distemper) and sampling and treatment of parasites and other pests (including fleas, worms, coccidia, giardia, and heartworm) in accordance with a schedule approved by the attending veterinarian are administered. Correct by, 20-June-2025.

This inspection and exit interview were conducted with the Facility Representative.

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Prepared By: MARK SANDERBECK  
USDA, APHIS, Animal Care  
Title: ANIMAL CARE INSPECTOR

Date:  
10-JUN-2025

Received by Title: Facility Representative

Date:  
10-JUN-2025



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**Prepared By:** MARK SANDERBECK  
USDA, APHIS, Animal Care  
**Title:** ANIMAL CARE INSPECTOR

**Date:**  
10-JUN-2025

**Received by Title:** Facility Representative

**Date:**  
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**Species Inspected**

Cust No	Cert No	Site	Site Name	Inspection
6021286	31-A-1002	001	Edna Yoder	10-JUN-2025

Count	Scientific Name	Common Name
000030	<i>Canis familiaris</i>	DOG ADULT
000013	<i>Canis familiaris</i>	DOG PUPPY
000043	<b>Total</b>	