

**OFFICIAL WARNING**



**VIOLATION OF FEDERAL REGULATIONS**

CASE NO.

**OH11012**

VIOLATOR

**Customer # 31104**

**Certificate # 31-A-0184**

**Emanuel Troyer**

ADDRESS (Street, City, State, Zip Code)

**31180 TR 231**

**Fresno, OH 43824**

The Department of Agriculture has evidence that on or about **September 15, 2010 - January 10, 2011 - February 8, 2011 - February 10, 2011 - February 16, 2011** you or your organization committed the following violation of Federal Regulations:

**9 CFR, SECTION**

**Failure to**

**2.126 (b)**

- Have a responsible adult available to accompany APHIS officials during the inspection process, and a room, table or other facilities for examination of records and inspection of property or animals for use by APHIS officials if necessary.

(\*On January 10, February 8, and February 10, 2011 there was not a facility representative available to accompany an inspection.)

**2.40 (b) (3)**

- Establish and maintain programs of adequate veterinary care to include daily observations and frequent communication with the attending veterinarian to convey information on problems of animal health, behavior, and well-being.

(\*Dog with USDA tag # 02 had thick mucus discharge in left eye with blood vessels and haziness present in the cornea.

\*Dogs with USDA tag# 05-65, 05-29, 07-105, 07-124, 05-15 have varying degrees of dental calculus accumulation, and gum inflammation.)

Titles 7 & 9 Code of Federal Regulations were promulgated to help prevent the spread of animal and plant pests and diseases and assure the humane treatment of animals. Since violations of the regulations can have serious and costly impact detrimental to the public interest, you are warned of this violation. Any further violation of these regulations may result in the assessment of a civil penalty or criminal prosecution. If you have any questions concerning this warning or violation, please contact the listed APHIS Official.

APHIS OFFICIAL (Name and Title)

**Deputy Administrator, AC**

DATE ISSUED **JAN 10 2012**

FOR PERSONAL SERVICE #RECEIVED BY: (Name and signature)

OFFICE ADDRESS:

**4700 River Road, Riverdale, MD 20737**

**TELEPHONE NO. AC (301) 734-4980**

DATE RECEIVED:

FOR CERTIFIED MAIL - RECEIPT NO:

**7011 1150 0002 0712 2648**