UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE	CASE NO.
	IA 11029
OFFICIAL WARNING VIOLATION OF FEDERAL REGULATIONS	VIOLATOR
	Bob Mehmert 42-A-1354 / 36947
	ADDRESS (Street, City, State, Zip Code)
	2563 155 th St. West Point, IA 52656

The Department of Agriculture has evidence that on or about **January 12, 2011 and August 4, 2010,** you or your organization committed the following violations of Federal Regulations:

- 2.40 (b)(2) Attending Veterinarian and Adequate Veterinary Care –Repeated failure to maintain an adequate program of veterinary care to prevent, control, diagnose and treat diseases and injuries (Direct)
- 3.1(c)(1)(i) Housing Facilities, General Failure to maintain surfaces free of rust that prevents the required cleaning and sanitization
- 3.1(c)(1)(ii) Housing Facilities, General Failure to maintain primary enclosures free of jagged edges and sharp points that might injure the animals (Direct)
- 3.2(d) Housing Facilities, General Failure to maintain surfaces in contact with dogs impervious to moisture
- 3.9(a) Feeding Failure to properly clean and sanitize self feeders
- 3.11(c) Cleaning, Sanitization, Housekeeping, Pest Control Failure to maintain housing facilities clean and in good repair to protect the animals from injury and facilitate husbandry practices

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) Robert M. Gibbens, Director		OFFICE ADDRESS: 2150 Centre Ave. Building B,
	2/9/11	TELEPHONE NO. AC (970) 494-7478
FØR PERSONAL SERVICE - RECEIVED BY: (Name and	signature)	DATE RECEIVED:
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