# UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

## OFFICIAL WARNING



# **VIOLATION OF FEDERAL REGULATIONS**

CASE NO.

MN 130002

VIOLATOR

Customer # 27809 Certificate # 41-B-0238 Robert Pilz Continental Critters

ADDRESS (Street, City, State, Zip Code)

15801 Pilar Road North Sandia, MN 55073

The Department of Agriculture has evidence that on or about **September 4, 2012 - June 26, 2012** you or your organization committed the following violation of Federal Regulations:

## 9 CFR, SECTION

#### Failure to

2.40 (b)(2)

3.125 (a)

 Establish and maintain adequate veterinary care that includes the use of appropriate methods to prevent, control, diagnose, and treat diseases and injuries, and the availability of emergency, weekend, and holiday care.

(A fawn was observed with swollen lumpy knees on both front legs and cuts to both hocks on the rear legs.)

Construct facility of such material and of such strength as appropriate for the animals involved. Indoor and outdoor housing facilities shall be structurally sound and shall be maintained in good repair to protect the animals from injury and to contain the animals.

(\*\*Part of the primary enclosure fencing for 4 llamas, 1 alpaca, 4 sheep and goats is sagging and in need of repair.

\*\*The shelter facility housing entryway for 1 kangaroo and 1 cavy has sharp edges. There is a hole in the wall that needs repair with a protruding nail near the hole.)

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)

Elizabeth Goldentyer, DVM Regional Director

DATE ISSUED

POR PERSONAL SERVICE - RECEIVED BY: (Name and signature)

OFFICE ADDRESS:
920 Main Campus Dr., Suite 200

Raleigh, NC 27606

TELEPHONE NO. AC (919) 855-7100

DATE RECEIVED:

FOR CERTIFIED MAIL - RECEIPT NO:

7010 2780 0002 5180 1844

APHIS FORM 7060

Previous editions may be used

(JUN 91) PART 1 - VIOLATOR