



Inspection Report

Eli D Schrock

(b) (6), (b) (7)(C)

Customer ID: 500534

Certificate: 42-A-1558

Site: 001

ELI SCHROCK

Type: (b) (6), (b) INSPECTION

Date: (b) (6), 2017
(b) (7)

(b) (6), (b) (7)(C)

This inspection and exit interview were conducted with Kelly Maxwell, ACI and the facility representative.

Prepared By:

MAXWELL KELLY, A C I USDA, APHIS, Animal Care

Date:
(b) (6), 2017
(b) (7)

Title: ANIMAL CARE INSPECTOR 6080

Received By:

ELI SCHROCK

Date:
(b) (6), 2017

Title: FACILITY REPRESENTATIVE



United States Department of Agriculture Customer: 500534
Animal and Plant Health Inspection Service Inspection Date: (b) (6), (b) (7) 17
Animal Inspected at Last Inspection

Cust No	Cert No	Site	Site Name	Inspection
500534	42-A-1558	001	ELI D SCHROCK	(b) (6), (b) (7) -17 (7)(C)

Count	Species
(b) (6), (b) (7) (C)	(b) (6), (b) (7) (C)
	Total



United States Department of Agriculture
Animal and Plant Health Inspection Service

KMAXWELL

(b) (6), (b) (7)(C) nsp_id

Inspection Report

Eli D Schrock

(b) (6), (b) (7)(C)

Customer ID: **500534**

Certificate: --

Site: 001

ELI SCHROCK

Type: (b) (6), (b) (7)(C) INSPECTION (b) (6),
Date: (b) (6), 2016

(b) (6), (b) (7)(C)

Exit briefing was conducted with Kelly Maxwell, ACI and the facility representative.

(b) (6), (b) (7)(C)

Prepared By:

KELLY MAXWELL USDA, APHIS, Animal Care

Date:
(b) (6), 2016

Title: ANIMAL CARE INSPECTOR 6080

Received By:

ELI SCHROCK

Date:
(b) (6), 2016

Title: FACILITY REPRESENTATIVE



United States Department of Agriculture Customer: 500534
Animal and Plant Health Inspection Service Inspection Date: (b) (6), (b) (7) 16

Animal Inspected at Last Inspection

Cust No	Cert No	Site	Site Name	Inspection
500534	42-A-1558	001	ELI D SCHROCK	(b) (6), (b) (7)(C) -16

Count	Species
(b) (6), (b) (7)(C)	(b) (6), (b) (7) (C)
	Total



United States Department of Agriculture
Animal and Plant Health Inspection Service

KMAXWELL

(b) (6), (b) (7)(C) Insp_id

Inspection Report

Eli D Schrock

(b) (6), (b) (7)(C)

Customer ID: **500534**

Certificate: --

Site: 001

ELI SCHROCK

Type: (b) (6), (b) (7) (C) INSPECTION (b) (6), (b) (7)

Date: (b) (6), 2016
(b) (7)

(b) (6), (b) (7)(C)

Prepared By:

KELLY MAXWELL USDA, APHIS, Animal Care

Date:
(b) (6), 2016

Title: ANIMAL CARE INSPECTOR 6080

Received By:

ELI SCHROCK

Date:
(b) (6), 2016
(b) (7)

Title: FACILITY REPRESENTATIVE



United States Department of Agriculture Customer: 500534
Animal and Plant Health Inspection Service Inspection Date: (b) (6), (b) (7) 16
Animal Inspected at Last Inspection

Cust No	Cert No	Site	Site Name	Inspection
500534	42-A-1558	001	ELI D SCHROCK	(b) (6), (b) (7)(C) 16

Count	Species
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
	Total



EXPIRATION DATE: NOVEMBER 17, 2017

United States
Department of
Agriculture

Marketing and
Regulatory
Programs

This is to certify that
ELI D SCHROCK

is a licensed
under the

CLASS A BREEDER

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No. 42-A-1558

Customer No. 500534

Animal and
Plant Health
Inspection
Service

Animal Care

A handwritten signature in black ink, appearing to read "Eli D. Schrock".

Deputy Administrator

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

9-20-16
#500534
OMB APPROVED
0579-0036

No license may be issued unless a completed application has been received (7 U.S.C. 2132-2143), and the applicant is in compliance with the standards and regulations Section 2133.

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

APPLICATION FOR LICENSE
(TYPE OR PRINT)

NEW LICENSE

SEND THE COMPLETED FORM TO:

USDA-APHIS-Animal Care
2150 Centre Avenue, Building B
Mail Stop # 3W11
Fort Collins, CO 80526-8117

LICENSE/CUSTOMER
NUMBER EXPIRATION
DATE AMOUNT DATE RECEIVED

421A-1558 12-NOV-17 \$225.00 16-NOV-16

421A-1558 12-NOV-17 \$225.00 16-NOV-16

1. NAME OF APPLICANT AND MAILING ADDRESS: (See Instructions)

Eli D. Schrock

(b) (6), (b) (7)(C)

COUNTY (b) (6),

TELEPHONE NUMBER (b) (6), (b)

3. IF THE APPLICANT IS A CORPORATION, PARTNERSHIP OR OTHER BUSINESS ENTITY, LIST THE ENTITY'S PARTNERS OR OFFICERS AND AGENT FOR SERVICE OF PROCESS.

NAME	TITLE

2. ALL BUSINESS NAMES AND LOCATION ADDRESSES HOUSING ANIMALS:
INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

Hillview Kennels Use additional sheet, if necessary

(b) (6), (b) (7)(C)

6. LIST YOUR 12 MONTH BUSINESS YEAR: (Calendar or Fiscal)

7. TYPE OF ORGANIZATION:

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
0	1	0	1	6	1

Individual Corporation Partnership

Other _____

8. DEALERS ONLY - CLASS A OR CLASS B LICENSES MUST COMPLETE THIS BLOCK. (Class C Licenses go to Block 9)

9. EXHIBITORS ONLY - LIST THE LARGEST NUMBER OF ANIMALS THAT YOU HAVE HELD, OWNED, LEASED, OR EXHIBITED AT ANY ONE TIME DURING THE PREVIOUS BUSINESS YEAR. (9 CFR Sections 2.6 and 2.7)

CLASS A (BREEDER) - LINE "D" = 1/2 OF LINE "C"

CLASS B (DEALER) - LINE "D" = LINE C LESS THE PURCHASE COST OF THE ANIMALS SOLD. (9 CFR Sections 2.6 and 2.7)

A. ESTIMATE TOTAL NUMBER OF ANIMALS TO BE PURCHASED IN THE NEXT BUSINESS YEAR

(b) (6), (b) (7)(C)

DOGS

NONHUMAN PRIMATES

RODENTS
(Do not include lab rats or mice)

CATS

MARINE MAMMALS

WILD/EXOTIC HOOFSTOCK

B. ESTIMATE TOTAL NUMBER OF ANIMALS TO BE SOLD IN THE NEXT BUSINESS YEAR

GUINEA PIGS

FARM ANIMALS

BEARS

C. ESTIMATE GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, COMMISSIONS, ETC.)

HAMSTERS

WILD/EXOTIC CANINES

WILD/EXOTIC MAMMALS
(Not listed elsewhere)

D. ESTIMATE DOLLAR AMOUNT ON WHICH FEE IS BASED

RABBITS

WILD/EXOTIC FELINES

TOTAL
(All animals listed in Block 9)

CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that the applicant is 18 years of age or older.

10. SIGNATURE:

(b) (6), (b) (7)(C)

11. PRINT NAME AND TITLE:

Eli D. Schrock (owner)

12. DATE:

9-29-16



Animal and Plant
Health Inspection
Service

Animal Care
Western Region

2150 Centre Avenue
Building B, 3W11
Fort Collins, CO
80526
Phone: 970/494-7478

Eli Schrock
(b) (6), (b) (7)(C)

RE: USDA LICENSE

September 20, 2016
Customer ID Number: 500534

Dear Applicant:

Thank you for your interest in obtaining a license under the U.S. Department of Agriculture (USDA) to conduct activities regulated under the Animal Welfare Act (AWA). As you requested, we have enclosed the appropriate information and forms, including copies of the AWA regulations. As you will note, the different classes for licensing are outlined in the AWA regulations (9CFR, Part 1, Section 1.1). If your operation meets the definition of a Class A, B, or C license, please complete the enclosed application (APHIS Form 7003A) and return it to the above address, along with a \$10 check, money order or credit card authorization in payment of the **non-refundable application fee**. We cannot accept cash payments.

The application licensing process generally takes 30-90 days to be reviewed and processed. However, under certain limited circumstances your application may require further review. If further review is required you will be notified in writing. Some reasons for further review could include but not be limited to the following:

- Prior license revocation or suspension;
- Prior plea of nolo contendere (no contest) or has been found to have violated any Federal, State, or local laws or regulations pertaining to animal cruelty or pertaining to the transportation, ownership, neglect, or welfare of animals;
- Is or would be operating in violation or circumvention of any Federal, State, or local laws; or
- Has made any false or fraudulent statements or provided any false or fraudulent records to the Department or other government agencies. (9 CFR 2.11).

One of our field inspectors will contact you to schedule a pre-licensing inspection of your facility following receipt of your application and the \$10.00 fee. *If your application requires further review as described above, the pre-license process will not begin until the review is concluded.* In preparation for the pre-licensing inspection, you must have your veterinarian complete and sign the enclosed Program of Veterinary Care (PVC) form; you must also sign this form. Keep the completed PVC with your facility records, which will be reviewed by your USDA Inspector. Please do not send the completed PVC form to this office.

Once your facility and records are in compliance with all AWA regulations and standards, you will be asked to pay an annual license fee. We will issue a license after all the necessary documentation and inspections have been completed and the necessary fees paid.

The licensing process must be completed within 90 days after your initial pre-license inspection. If, after the initial inspection, your facility is not in compliance with the AWA regulations and standards, you will be allowed two additional inspections within the 90-day period. If your facility is still not in compliance by the 3rd inspection or the 90-day period has elapsed, your application will be denied and you must wait 6 months before reapplying.

We hope this information is helpful, and we look forward to hearing from you. Contact this office at (970) 494-7478 if you have any questions regarding this letter or the Animal Welfare Act

Sincerely,



Robert M. Gibbens, D. V. M.
Director, Animal Welfare Operations
USDA, APHIS, Animal Care

Kelly J Maxwell

Enclosures

INFO/APP KIT REQUEST

CUSTOMER #: 500534

CURRENT LICENSE/REGISTRATION#: _____

NAME ELI SCHROCK (b) (6) PHONE: _____

BUSINESS NAME _____ PHONE: _____

MAILING ADDRESS _____ (b) (6)

CITY _____ (b) (6) STATE _____ (b) (6) ZIP _____ (b) (6)

COUNTY: _____ (b) (6)

PHYSICAL ADDRESS/ACTUAL LOCATION OF ANIMALS (SITE)

ADDRESS _____ *Salem*

CITY _____ STATE _____ ZIP _____

COUNTY _____

TYPE OF ANIMALS dogs Approximate count _____

LICENSE TYPE: (circle one) A (breeder) B (dealer) C (exhibitor) R (research facility)

T (carrier) H (intermediate handler)

APP KIT TYPE: (circle one) Breeder/Broker Exhibitor Registration

PREVIOUS APPLICATION? (check one) Yes No

NOTES:

*sell to
pet stores*

(A)

RECEIVED BY W.C. DATE 09/19/04

FILLED BY _____ DATE _____