USDA

United States Department of Agriculture
Animal and Plant Health Inspection Service

DEC 1 2 2008 cust_id

insp_id

INSPECTION REPORT

site_id

Customer ID: 9656
Certificate: 31-B-0104

ROBERT PERRY
10228NIOGA-TOOPS RD.

Site: 001

MT STERLING , OHIO 43143

Inspection
Type: Routine
Date: 1 December 2008

Non compliances identified this inspection

Section 2.75 (a) 1 (i) RECORDS- " each dealer shall keep records that fully and correctly disclose the following information:

(i) "the name and address. of the person from whom the dog was acquired..."

****Records acquired on inspection dated October 27, 2008 revealed that the person(Mike Hall) for dog no 3208 (acquired on 08-20-08) had no Ky addresss found by inspector . The post office verified that no person by that name was on that route.

Dealers are required to obtain complete addresses for all dog acquisitions. This is an incomplete address for dog no 3208.

Complete Records are needed for rapid tracing of dogs in tracebacks and during possible disease outbreaks.

CORRECT FOR ALL FUTURE INSPECTIONS.

Inspection and exit interview conducted with owners..

Prepared By: _____ Date: 1-DEC-08
CLARA MARKIN, USDA, APHIS, Animal Care
Title: VETERINARY MEDICAL OFFICER Inspector ID: 1012

Received By: (b)(6) & (b)(7)c Date: 1-DEC-08
ROBERT & HELEN PERRY
Title: OWNERS

USDA

United States Department of Agriculture
Animal and Plant Health Inspection Service

NOV 10 2008

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insp_id
site_id

INSPECTION REPORT

ROBERT PERRY
10228 NIOGA TOOPS RD

MT STERLING , OHIO 43143

Customer ID: 9656
Certificate: 31-B-0104

Site: 001

Inspection
Type: Routine
Date: 27 October 2008

No Non compliances identified this inspection.,

Inspection and exit interview conducted with owners.

Records for tracebacks copied.

Prepared By: _____ **Date:** 27-OCT-08
CLARA MARKIN, USDA, APHIS, Animal Care
Title: VETERINAY MEDICAL OFFICER **Inspector ID:** 1012

Received By: (b)(6) & (b)(7)c _____ **Date:** 27-OCT-08
ROBERT PERRY & HELEN PERRY
Title: OWNERS

USDA

United States Department of Agriculture
Animal and Plant Health Inspection Service

OCT 1 6 2008

[redacted]

customer 9656

Robert Perry Name of Licensee/Registrants	C01 Site No.	31-B-0104 Lic/Reg No.
	Scene Site Name	10-08-08 Date of Inspection
Business Name (DBA)		
10228 Niaga-Toops Rd. Facility Mailing Address	Site Address	Attempted #1 Inspection Type
Mt Sterling, Ohio 43143 City, State, Zip Code (for Facility)	City, State, Zip (for Site)	

NARRATIVE

Non compliance identified this inspection.
Section 2.126 (a) Access & Inspection of Property
"each dealer shall during business hours AFFORD APHIS officials to enter its place of business."
On Wednesday, October 08, 2008 at approximately 12:30 to 13:15 the licensee did not have a responsible adult person available to conduct an Animal Welfare Inspection. The licensee did not answer the doorbell. USDA official left business card on the door. The property was not able to be inspected for compliance with the AWA and ensure the health & well being of all animals.

Prepared By: [redacted] VMO
USDA, APHIS, Animal Care
Date: 10-08-08
Title: Inspector ID:

Received By: by mail
Date:
Title:

United States Department of Agriculture
Animal and Plant Health Inspection Servic

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JUL 0 2 2008

INSPECTION REPORT

9656 cust_id
117916 insp_id
10115 site_id

ROBERT PERRY

10228 NIOGA-TOOPS RD
MT STERLING, OH 43143

Customer ID: 9656
Certificate: 31-B-0104

Site: 001
ROBERT PERRY

Inspection Type: ROUTINE INSPECTION
Date: JUN-23-2008

This is a focused inspection for the verification of providing emergency adequate veterinary care to dogs cited on inspection dated June 16, 2008.

NO - NON COMPLIANCES IDENTIFIED THIS INSPECTION.

Inspection and exit interview conducted with owner.

Prepared By:
CLARA MARKIN, D V M , USDA, APHIS, Animal Care
Title: VETERINARY MEDICAL OFFICER Inspector ID: 1012
Date: JUN-23-2008

Received By: (b)(6) & (b)(7)c
Robert Perry & Helen Perry
Title: OWNERS
Date: JUN-23-2008

United States Department of Agriculture
Animal and Plant Health Inspection Servic

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INSPECTION REPORT

SEP 0 3 2008

9656 cust_id
117930 insp_id
10115 site_id

ROBERT PERRY

10228 NIOGA-TOOPS RD
MT STERLING, OH 43143

Customer ID: 9656
Certificate: 31-B-0104

Site: 001
ROBERT PERRY

Inspection
Type: ROUTINE INSPECTION
Date: AUG-26-2008

No non compliances identified this inspection.

Inspection and exit interview conducted with owners.

Quarterly tracebacks completed.

Prepared By: CLARA MARKIN, D V M , USDA, APHIS, Animal Care
Title: VETERINARY MEDICAL OFFICER, Inspector ID: 1012
Date: AUG-26-2008

Received By: (b)(6) & (b)(7)c
Robert & Helen Perry
Title: OWNERS
Date: AUG-26-2008

USDA

United States Department of Agriculture
Animal and Plant Health Inspection Servi

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INSPECTION REPORT

JUN 2 4 2008

9656 cust_id
117912 insp_id
10115 site_id

ROBERT PERRY

Customer ID: 9656
Certificate: 31-B-0104

10228 NIOGA-TOOPS RD
MT STERLING, OH 43143

Site: 001
ROBERT PERRY

Inspection Type: ROUTINE INSPECTION
Date: JUN-16-2008

2.40 (b)(3) DIRECT

ATTENDING VETERINARIAN AND ADEQUATE VETERINARY CARE (DEALERS AND EXHIBITORS).

Section 2.40(b)3 DIRECT- " ATTENDING VET/ ADEQUATE VET CARE- " Daily observation of all animals to assess their health and well-being; Provided, however, That daily observation of animals may be accomplished by someone other than the attending veterinarian; and Provided, further, That a mechanism of direct and frequent communication is required so that timely and accurate information on problems of animal health, behavior, and well-being is conveyed to the attending veterinarian;

**** Dog # 3129 , a Foxhound, has a respiratory wheeze with coughing and moist rales are heard from the lung. The dog hold its head upward to gasp air . This dog appears to be in acute respiratory distress. It has a dry, dull haircoat. The owner states that he noticed the problem on last Friday. The dog must be examined by attending veterinarian immediately and a written report of the illness and any other findings, along with any treatments, must be documented for future inspections .

***Dog 3000 , a Fox hound, has some color change in hair (grey) in the front feet.The hair is darker in color and very prominent that new hair is growing back. The owner states that he called it a " straw mite" and decided to treat with "Prolate" rotenone, a lice dip for horses. There is no veterinary care record available today during the inspection, and no diagnosis has been made from the attending veterinarian.
A diagnosis is required and all treatments must be approved form the attending veteinarian.All treatments must be documented.

***Dog 3126, a Foxhound, has a large dark red lesion (approx 2.0 inch circle) of inflammed skin on the right stifle area. The dog has been biting at this lesion .The left hock area has a large circle of inflammed red skin. The dog was dipped on 05-18-08. The owner states he applied " Cut & Heel" to the skin in both areas twice a day for two days.
This dog must be evaluated by the attending vetetrinarian and a diagnosis must be documented along with any treatments recommended.

****Dog # 3130 , a Foxhound , has severe spotty , hair loss through out the thorax area and lumbar area. The owner states that it might be mange. A horse dip was given for treatment.
The horse dip"Prolate " is approved by the attending veterinarian in the PVC (program of veterinary care) . A dog dosageis needed and must be approved by the ATTENDING VETERINARIAN.

*** A number of dogs have excessively long toenails This can lead to broken nails and possible lameness.

Prepared By: CLARA MARKIN, D V M , USDA, APHIS, Animal Care — **Date:** JUN-16-2008
Title: VETERINARY MEDICAL OFFICER Inspector ID: 1012

Received By: (b)(6) & (b)(7)c — **Date:** JUN-16-2008
Robert '& Helen Perry
Title: OWNERS

Failure to observe veterinary issues will lead to prolonged animal suffering and distress.
Failure to communicate timely and accurate information on problems of animal health to the attending veterinarian will result in unnecessary suffering.

CORRECT ALL OF THE ABOVE WITH VETERINARY EXAMINATIONS, APPROPIIATE DOCUMENTATION, TREATMENTS, NAIL TRIMS & RECOMMENDATIONS FOR FOLLOW UP. COB BY 06- 16-08.
****

3.4 (c)
OUTDOOR HOUSING FACILITIES.

Section 3.4(c) CONSTRUCTION. " Building surfaces in contact with animals in outdoor housing must be impervious to mlosture. All surfaces must be sanitized.."

** The outdoor housing facility consists of wood slats inside the enclosures and wood frames in approximately 70 % of the facility in contact with the dogs. The wood is chewed up in some areas. Wood has a dry nature, and has numerous cracks in the wood floors
. This wood cannot be properly sanitized and must be made impervious to moisture for the health and well being of all animals and to prevent illness.

CORRECT By 06-30-08

****Dog # 3166, & 3141 are housed in wire enclosures with sever rust on the flooring. The rust cannot be sanitized and must be repaired or replaced.

All facilities must be kept in good repair to promote health and well being in all dogs.

CORRECT BY 06-21-08

3.6 (a)(2)(I)
PRIMARY ENCLOSURES.

Section 3.6(a)2(i) PRIMARY ENCLOSURE- primary enclosures must be kept in good repair."
(I) have no shapr points..."

Dog # 3162 is housed in a outdoor enclosure with a wire hanging down . The shapr wire may cause injury to the dog. All sharp wires must be removed. The facility must be kept in good repair to prevent injury to dogs and promote health and well being.

CORRECTED DURING THE INSPECTION.

Inspection and exit interview conducted with owner.

Prepared By: CLARA MARKIN, D V M , USDA, APHIS, Animal Care — **Date:** JUN-16-2008
Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1012
Received By: (b)(6) & (b)(7)c Robert & Helen Perry — **Date:** JUN-16-2008
Title: OWNERS

Prepared By: Clara Markin

CLARA MARKIN, D V M , USDA, APHIS, Animal Care

Date: JUN-16-2008

Title: VETERINARY MEDICAL OFFICER Inspector ID: 1012

Received By: (b)(6) & (b)(7)c

Robert & Helen Perry

Date: JUN-16-2008

Title: OWNERS

United States Department of Agriculture
Animal and Plant Health Inspection Service

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INSPECTION REPORT

APR 17 2008

9656 cust_id
117891 insp_id
10115 site_id

ROBERT PERRY

10228 NIOGA-TOOPS RD
MT STERLING, OH 43143

Customer ID: 9656
Certificate: 31-B-0104

Site: 001
ROBERT PERRY

Inspection
Type: ROUTINE INSPECTION
Date: APR-09-2008

No- non compliances identified this inspection.

Inspection and exit interview conducted with owner.

Prepared By:
CLARA MARKIN, D V M , USDA, APHIS, Animal Care
Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1012
Date: APR-09-2008

Received By: (b)(6) & (b)(7)c
Robert Perry
Title: OWNER
Date: APR-09-2008

United States Department of Agriculture
Animal and Plant Health Inspection Servic

CMARKIN

INSPECTION REPORT

JAN 1 7 2008

9656 cust_id
117859 insp_id
10115 site_id

ROBERT PERRY

10228 NIOGA-TOOPS RD
MT STERLING, OH 43143

Customer ID: 9656
Certificate: 31-B-0104

Site: 001
ROBERT PERRY

Inspection
Type: ROUTINE INSPECTION
Date: JAN-10-2008

No - non compliances identified this inspection.

Inspection and exit interview conducted with owner.

Prepared By: Clara A Markin
CLARA MARKIN, D V M , USDA, APHIS, Animal Care
Title: VETERINARY MEDICAL OFFICER, Inspector ID: 1012
Date: JAN-10-2008

Received By: (b)(6) & (b)(7)c
Robert Perry
Title: OWNER
Date: JAN-10-2008

United States Depart nt of Agriculture
Animal and Plant Healt inspection Servic
Animal Care

INSPECTION REPORT

customer 7636

Robert Perry	001	31-B-0104
Name of Licensee/Registrant	Site No.	Lic/Reg No.
10228 Ninah - Poops Rd.		11-15-07
Business Name (DBA)	Site Name	Date of Inspection
Mt. Sterling, Ohio		12:30 PM
Facility Mailing Address	Site Address	Inspection Time
43143		Routine
City, State, Zip (for Facility)	City, State, Zip (for Site)	Inspection Type

NARRATIVE

No NOI Compliances identified this inspection

RECORDS Tracebacks completed.

Inspection + exit interview conducted with owners.

Prepared By: [redacted] (b)(6)

Title: Veterinary Medical Officer, USDA, APHIS, Animal Care

Date: 11-15-07

LARIS ID NO. 1012

Copy Received By: [redacted] (b)(6)

Title:

Date: 11-15-07

United States Department of Agriculture
Animal and Plant Health Inspection Service

CMARKIN

9656 cust_id
117839 insp_id
10115 site_id

INSPECTION REPORT

ROBERT PERRY

10228 NIOGA-TOOPS RD
MT STERLING, OH 43143

Customer ID: 9656
Certificate: 31-B-0104

Site: 001
ROBERT PERRY

Inspection
Type: ROUTINE INSPECTION
Date: NOV-15-2007

NO NON COMPLIANCES IDENTIFIED THIS INSPECTION.

RECORDS TRACEBACKS COMPLETED

INSPECTION AND EXIT INTERVIEW CONDUCTED WITH OWNERS.

This is an electronic copy given to the owner on 11-15-07.

Prepared By:
CLARA MARKIN, D V M , USDA, APHIS, Animal Care
Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1012
Date: NOV-15-2007

Received By:
Robert Perry
Title: OWNER
Date: NOV-15-2007

United States Department of Agriculture
Animal and Plant Health Inspection Servic

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INSPECTION REPORT

SEP 2 0 2007

9656 cust_id
117816 insp_id
10115 site_id

ROBERT PERRY

10228 NIOGA-TOOPS RD
MT STERLING, OH 43143

Customer ID: 9656
Certificate: 31-B-0104

Site: 001
ROBERT PERRY

Inspection
Type: ROUTINE INSPECTION
Date: SEP-12-2007

NO NON COMPLIANCES IDENTIFIED THIS INSPECTION.

INSPECTION AND EXIT INTERVIEW CONDUCTED WITH OWNERS

Prepared By:
CLARA MARKIN, D V M , USDA, APHIS, Animal Care
Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1012
Date: SEP-12-2007

Received By: (b)(6) & (b)(7)c
Robert & Helen Perry
Title: OWNERS
Date: SEP-12-2007

United States Department of Agriculture
Animal and Plant Health Inspection Service

CMARKIN

INSPECTION REPORT

JUN 1 5 2007

9656 cust_id
117780 insp_id
10115 site_id

ROBERT PERRY

10228 NIOGA-TOOPS RD
MT STERLING, OH 43143

Customer ID: 9656
Certificate: 31-B-0104

Site: 001
ROBERT PERRY

Inspection Type: ROUTINE INSPECTION
Date: JUN-06-2007

No - non compliances identified this inspection.

Inspection and exit interview with owner.

Prepared By: CLARA MARKIN, D V M , USDA, APHIS, Animal Care
Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1012
Date: JUN-06-2007

Received By: (b)(6) & (b)(7)c
Robert Perry
Title: OWNER
(b)(6) & (b)(7)c
Date: JUN-06-2007

United States Department of Agriculture
Animal and Plant Health Inspection Servic

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INSPECTION REPORT

MAR 1 3 2007

9656 cust_id
117753 insp_id
10115 site_id

ROBERT PERRY

Customer ID: 9656
Certificate: 31-B-0104

10228 NIOGA-TOOPS RD
MT STERLING, OH 43143

Site: 001
ROBERT PERRY

Inspection
Type: ROUTINE INSPECTION
Date: MAR-08-2007

No non compliances identified this inspection.

Inspection and exit interview with owner.

Prepared By: Clara Markin
CLARA MARKIN, D V M , USDA, APHIS, Animal Care
Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1012
Date: MAR-08-2007

Received By: (b)(6) & (b)(7)c
Robert Perry
Title: OWNER
Date: MAR-08-2007

Public reporting burden for this collection of information 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

NOV 28 2008

FORM APPROVED OMB NO. 0579-0036

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

U.S DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

~~DO NOT USE THIS SPACE - OFFICIAL USE ONLY~~

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040
Raleigh, NC 27606
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 31-B-0104 CUST: 9656	28-DEC-2008	$465.00	28 NOV 08 VMc

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Robert Perry

10228 Nioga-Toops Rd
Mt Sterling, OH 43143

Telephone: (614)877-4825

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION *(P.O. Box not acceptable)*

10228 Nioga-Toops Rd
Mt Sterling, OH 43143
County: Madison

Telephone: (614)877-4825

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

–

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

☐ Class A - Breeder ☒ Class B - Dealer ☐ Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2008	31-DEC-2008

7. TYPE OF ORGANIZATION

☒ Individual ☐ Corporation ☐ Partnership

☐ Other (Specify) _____

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. *(Class C Exhibitors go to Block 9)*

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S (Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	(b)(6)
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED *(SECTIONS 2.6 AND 2.7)*	

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS ✓	[redacted]	NONHUMAN PRIMATES	[redacted]	RODENTS (Do not include lab rats or mice)	[redacted]
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS		BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
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 certify to the best of my knowledge I am in compliance with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

10. SIGNATURE	11. PRINT NAME	12. SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER	13. DATE
(b)(6)	Robert Perry		

APHIS FORM 7003

USDA

United States Department of Agriculture

Marketing and Regulatory Programs

Animal and Plant Health Inspection Service

Animal Care

EXPIRATION DATE: DECEMBER 28, 2009

This is to certify that

ROBERT A. PERRY

is a licensed under the

CLASS B DEALER

Animal Welfare Act

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

Certificate No. 31-B-0104

Customer No. 9656

Deputy Administrator

APHIS FORM 7007 (NOV 99)

Previous editions are obsolete.

Public reporting burden for this collection of information 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

FORM APPROVED OMB NO. 0579-0036

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

U.S DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040
Raleigh, NC 27606
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 31-B-0104 CUST: 9656	28-DEC-2007	[illegible]	05Dec07

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Robert Perry

10228 Nioga-Toops Rd
Mt Sterling, OH 43143

Telephone: (614)877-4825

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION *(P.O. Box not acceptable)*

10228 Nioga-Toops Rd
Mt Sterling, OH 43143
County: Madison

Telephone: (614)877-4825

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

–

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

☐ Class A - Breeder ☒ Class B - Dealer ☐ Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2007	31-DEC-2007

7. TYPE OF ORGANIZATION

☒ Individual ☐ Corporation ☐ Partnership

☐ Other (Specify) _____

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. *(Class C Exhibitors go to Block 9)*

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S (Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	(b)(6)
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	(b)(6)
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	(b)(6)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED *(SECTIONS 2.6 AND 2.7)*	(b)(6)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS ✓	[redacted]	NONHUMAN PRIMATES	[redacted]	RODENTS (Do not include lab rats or mice)	[redacted]
CATS	[redacted]	MARINE ANIMALS	[redacted]	WILD/EXOTIC HOOFSTOCK	[redacted]
GUINEA PIGS	[redacted]	FARM ANIMALS	[redacted]	BEARS	[redacted]
HAMSTERS	[redacted]	WILD/EXOTIC CANINES	[redacted]	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	[redacted]
RABBITS	[redacted]	WILD/EXOTIC FELINES	[redacted]	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	[redacted]

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 certify to the best of my knowledge I am in compliance with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

10. SIGNATURE	11. PRINT NAME	12. SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER	13. DATE
(b)(6)	Robert Perry	(b)(6)	

APHIS FORM 7003