USDA

United States Department of Agriculture

Animal and Plant Health Inspection Service

Animal Care
Western Region

2150 Centre Ave.
Building B
Mail Stop # 3W11
Ft. Collins, CO 80526
Phone: 970/494-7478
Fax: 970/494-7461

February 28, 2011

Timothy R. Fordahl
Western Regional Director
Investigative & Enforcement Services

Request for Fact Finding

Please initiate a fact-finding investigation on the following individuals:

NAME:	Monalisa Laucomer
ADDRESS:	2499 US Hwy 40
CITY:	Russell, KS, 67665
LIC / CUST #:	86-B-0052 (cancelled) / 6567

ADDITIONAL INFORMATION:

Information has been received from the Kansas Animal Health Department and the Russell, KS Sheriff's Department that this person may be knowingly and willfully exhibiting regulated species (sheep and non-human primates). This individual was licensed in Arizona as a "B" dealer but the license was cancelled on July 10, 2000.

No previous enforcement action has been taken with this licensee but, should the allegations of engaging in regulated activities without a license be valid, this would be a serious violation of the AWA. A fact-finding investigation is therefore requested to determine if the allegations are factual.

If further information is needed, please let me know.

Robert M. Gibbens
Director, Western Region
USDA, APHIS, Animal Care

USDA, APHIS, ANIMAL CARE
COMPLAINT / SEARCH

COMPLAINT / SEARCH No.: #034 REPLY DUE:

RECEIVED BY: Tracy Thompson	DATE: 2/9/11	REFERRED TO:
ESTABLISHMENT NAME: Monalisa Laucomer	COMPLAINANT NAME:	
PERSON CONTACTED:	ORGANIZATION:	
LICENSE / REGISTRATION NO.: CID#6567	REPLY REQUESTED?:	
ADDRESS: 2499 US Hwy 40	ADDRESS:	
CITY, STATE, ZIP: Russell, KS, 67665	CITY, STATE, ZIP:	
PHONE NUMBER:	PHONE NUMBER:	

DETAILS OF THE COMPLAINT / SEARCH:

Search to determine if facility was engaging in regulated activities without a license; contacted by Larry Carson, IES, and Deputy Sheriff Jack Ennis

concerning animal welfare issues with a former licensee, Monalisa Laucomer, who owns ~33 nonnhuman primates at a previously functioning hotel and bar

ACTION TAKEN BY INSPECTOR:
(SEARCHES: APPLICATION PACKET PROVIDED? YES_☐_ NO _☒_

A visit was made to the premises owned by Monalisa Laucomer on 2/9/11 following a request from the Russell Cty Sheriff's Dept concerning animal welfare for ~33 NHP's

IES Investigator (b)(6), (b)(7)(c) accompanied me on the visit to 2 facilities, Ms. Laucomer's home where there were 7 adults and 1 juvenile NHP housed. The 2nd facility houses 25 NHP

The animals appeared to be in good health and body condition. No current regulated activities are being conducted by this individual.

INSPECTOR: email in Tracy Thompson DATE: 2-22-11

STATE OF KANSAS
KANSAS ANIMAL HEALTH DEPARTMENT

William L. Brown, Livestock Commissioner
708 SW Jackson Topeka, Kansas 66603-3714
Phone (785) 296-2326 Fax (785) 296-1765
www.kansas.gov/kahd

February 11, 2011

Dr. Tracy Thompson
2150 Centra Ave.
Building B 1
Mail Stop 3 W 11
Ft. Collins, CO 80526

Dear Dr. Thompson:

Enclosed please information concerning Mona Lisa Laucomer's raising of monkeys and the conditions that we found.

If you have any questions Director Debra Duncan will be the only person available to speak to concerning this file.

Sincerely,

Dee Koerth

Dee Koerth
Animal Facilities Inspection Program
Cc: file

PS. I apologize for the pages that are illegible, but this is what the inspector provided to me; she has the file.

Dee

FEB 16 2011

Carma

STATE OF KANSAS
KANSAS ANIMAL HEALTH DEPARTMENT

_____ Renewal Application
_____ New Application

708 SW Jackson Topeka, KS 66603
Phone (785) 296-2326 FAX (785) 296-1765
www.kansas.gov/kahd

CREDIT CARDS: DISCOVER
RENEWAL DUE BY: JUNE 30, 2009

2009-2010 Application for Kansas Animal Shelter or Pound License

Fees: First Class City (or contracting with)---------- $300.00
Second Class City (or contracting with)---------- $250.00
Third Class City (or contracting with) OR Other Licensees---------- $200.00

FEE MUST BE INCLUDED WITH APPLICATION – There is a returned check fee of $30.00 for checks which are dishonored and returned unpaid to the KAHD for any reason. All RENEWAL applications not postmarked by 8-15-09 will be accessed a $70.00 late fee.

County: Russell
Shelter/Pound Name: Monalisa Laucomer Is this a Corp or LLC? Yes (No)
Owner/Operator Name: Monalisa Laucomer
Mailing Address: 2499 US Hwy 40 City & Zip: Russell 67665
Premise Physical Address (NOT PO Box) City & Zip:
Home Phone (b)(6) Fax Number: 785 445 3281
Cell Phone: Work Phone:
Usual hours at premise between 7:00am to 7:00pm Monday through Friday: Usually here
Phone where owner/operator may be contacted between 8 a.m. and 5 p.m. Monday - Friday: (b)(6)
Directions to premise: Off Hwy 40 Between Exit 189+184

Is the facility owned, operated or maintained by: (check one)

_____ incorporated humane society
_____ a city or county
_____ Licensed Veterinarian
_____ Non incorporated individual or organization devoted to the welfare, protection, and humane treatment of animals
_____ an individual owning, harboring, or maintaining 20 or more animals
_____ an individual under contract with a municipality to operate a animal shelter or pound
_____ Other:

If not operated by city or county, does this facility have a contract with a city or county to take in or harbor stray or seized animals? No

Please list all cities or counties for which animals are held: No

If this facility does not harbor strays or seized animals for the city or county, where are these animals held? No

Board Members and/or City Officers (if applicable): No

Number of dogs/cats currently on premise: Dogs: 3 Cats: 4 + 13
Shelter capacity: _____ Dogs: _____ Cats: _____ Other Animals: 34 Non Human Primates
Has the facility operator, any employee, or anyone on the board of directors been convicted of any crime relating to theft or cruelty to animals? _____ If "yes", please attach an explanation.
Web-site address: _____ Email address: (b)(6)

I understand that Kansas law permits that an animal shelter or pound be inspected at least twice a year and upon complaint. I hereby consent to inspections by the Kansas Animal Health Department. I understand and agree that by signing this form I am required to provide to the animals in my custody adequate veterinary care as defined in K.S.A. 47-1701 (dd)(1). I understand and agree that in order to verify my compliance with this requirement, authorized representatives of the Kansas Animal Health Department may contact my veterinarian and request written verification, including medical records, reflecting adequate veterinary care treatment of the animals in my custody. I understand that a willful disregard of any provision of the Kansas Pet Animal Act or of any regulations adopted thereunder may subject the licensee to suspension or revocation of the license and/or fine of up to $1000 per violation and/or criminal penalties. I understand that a material misstatement in this application form may be grounds for denial, suspension or revocation of this license. The [illegible] correct to the best of my knowledge.

(b)(6)

_____ Printed Name of Owner or Authorized Rep. 9-10-09 Date

Social Security # _____ Furnishing your social security number is voluntary. This request is pursuant to K.S.A. 74-139. The information shall be used to provide your name, address and social security number to the director of taxation upon his request.

FEB 16 2011

License year July 1, 2009 to June 30, 2010

TO BE COMPLETED BY KAHD STAFF ONLY

License #: PS 2841 Inspector EH Date Entered: 9/18/09 Entered by: _____

Payment Type: Discover Cash Check No: 420 License Fee: 250 Late Fee 70 Total Paid 320

STATE OF KANSAS

KANSAS ANIMAL HEALTH DEPARTMENT

708 SW Jackson Topeka, KS 66603
Phone (785) 296-2326 FAX (785) 296-1765
www.kansas.gov/kahd

____ Renewal Application
✓ New Application

CREDIT CARDS: DISCOVER
RENEWAL DUE BY: JUNE 30, 2008

Thus 2:00

2008-2009 Application for Kansas Animal Shelter or Pound License

Fees: First Class City (or contracting with)---------- $300.00
Second Class City (or contracting with)---------- $250.00
Third Class City (or contracting with) OR Other Licensees---------- $200.00

FEE MUST BE INCLUDED WITH APPLICATION – There is a returned check fee of $30.00 for checks which are dishonored and returned unpaid to the KAHD for any reason. All RENEWAL applications not postmarked by 8-15-08 will be accessed a $70.00 late fee.

County: Russell
Shelter/Pound Name: Monalisa Laucomer Is this a Corp or LLC? Yes No
Owner/Operator Name: Monalisa Laucomer
Mailing Address: 2499 US Hwy 40 Russell KS City & Zip: 67665
Premise Address (NO PO Box) Sa Mi City & Zip:
Home Phone (b)(6) Fax Number: 785 445 3281
Cell Phone: Work Phone:
Usual hours at premise between 7:00am to 7:00pm Monday through Friday: 7AM - Noon
Phone where owner/operator may be contacted between 8 a.m. and 5 p.m. Monday - Friday: (b)(6)
Directions to premise: Hwy 40 2 Mi East of Hwy 281 Prime 8 Inn

Is the facility owned, operated or maintained by: (check one)

____ incorporated humane society
____ a city or county
____ Licensed Veterinarian
____ Non incorporated individual or organization devoted to the welfare, protection, and humane treatment of animals
✓ an individual owning, harboring, or maintaining 20 or more animals
____ an individual under contract with a municipality to operate a animal shelter or pound
____ Other:

If not operated by city or county, does this facility have a contract with a city or county to take in or harbor stray or seized animals? NO

Please list all cities or counties for which animals are held:

If this facility does not harbor strays or seized animals for the city or county, where are these animals held? Pound

Board Members and/or City Officers (if applicable):

Number of dogs/cats currently on premise: Dogs: 3 Cats: 8
Shelter capacity: Dogs: ? Cats: ? Other Animals: ?

Has the facility operator, any employee, or anyone on the board of directors been convicted of any crime relating to theft or cruelty to animals? NO If "yes", please attach an explanation.

Web-site address: Email address (b)(6)

I understand that Kansas law permits that an animal shelter or pound be inspected at least twice a year and upon complaint. I hereby consent to inspections by the Kansas Animal Health Department. I understand and agree that by signing this form I am required to provide to the animals in my custody adequate veterinary care as defined in K.S.A. 47-1701 (dd)(1). I understand and agree that in order to verify my compliance with this requirement, authorized representatives of the Kansas Animal Health Department may contact my veterinarian and request written verification, including medical records, reflecting adequate veterinary care treatment of the animals in my custody. I understand that a willful disregard of any provision of the Kansas Pet Animal Act or of any regulations adopted thereunder may subject the licensee to suspension or revocation of the license and/or fine of up to $1000 per violation and/or criminal ... ent in this application form may be grounds for denial, suspension or revocation of this license. The ... ue and correct to the best of my knowledge.

(b)(6)

Signature of Owner or Authorized Representative — Monalisa Laucomer — Printed Name of Owner or Authorized Rep. — 8-28-08 — Date

Social Security # _____ Furnishing your social security number is voluntary. This request is pursuant to K.S.A. 74-139. The information shall be used to provide your name, address and social security number to the director of taxation upon his request.

FEB 16 2011

License Year July 1, 2008 to June 30, 2009

TO BE COMPLETED BY KAHD STAFF ONLY

License #: PS 2841 Inspector: EA Date Entered: 9/2/08

Payment Type: Discover Cash Check No: 3310 License Fee: 250 Late Fee: 25 Total Paid

STATE OF KANSAS 2nd license

KANSAS ANIMAL HEALTH DEPARTMENT

708 SW Jackson Topeka, KS 66603-3714
Phone (785) 296-2326 FAX (785) 296-1765
www.kansas.gov/kahd

_____ Renewal Application
✓ New Application

CREDIT CARDS: DISCOVER

RENEWAL DUE BY: JUNE 30, 2008

2008-2009 Application for Kansas Hobby Breeder License ~~$35.00~~ NC.

FEE MUST BE INCLUDED WITH APPLICATION – There is a returned check fee of $30.00 for checks which are dishonored and returned unpaid to the KAHD for any reason. All RENEWAL applications not postmarked by 8-15-08 will be accessed a $70.00 late fee.

County: Russell

Premise Name: Monalisa Laucomer Is this a Corp or LLC? Yes (No)

Owner/Operator Name: Monalisa Laucomer

Licensee's Mailing Address: 2499 US Hwy 40 City & Zip: Russell KS 67665

Premise Address (NO PO BOX) SAME City & Zip: _____

Home Phone: (b)(6) Fax number: _____

Cell Phone: (b)(6) Work Phone: 785 445 3287

Usual hours at premise between 7:00am to 7:00pm Monday-Friday: 7AM-Noon

Name of designated agent* (18 or older): None.

* A designated agent is someone you will allow to show your kennel in your absence. If you are not regularly available, you must appoint a designated agent.

Designated Agent Home Phone: _____ Cell Phone: _____ Work Phone: _____

Directions to premise: _____

Do you sell, offer or maintain for sale, dogs/cats at any other location other than the premise for which this application for a license is being made? NO If so, location: _____

Between July 1, 2007 and June 30, 2008, did you sell, offer or maintain for sale dogs, cats or both? Dogs (✓) Cats (✓) Both ( )

Number of dogs/cats sold between July 1, 2007 and June 30, 2008: 0 How many litters? 2

Did you sell dogs/cats to a distributor or pet shop between July 1, 2006 and June 30, 2007? NO If yes: Name, address, city, state: _____

Total number of dogs/cats (over 3 months of age) on the premises:

dogs: M____ F 2 Spay/Neuter 1	cats: M____ F 5 Spay/Neuter 3

Number of dogs/cats you plan on selling between July 1, 2008 and June 30, 2009: 7 How many litters? 2

Have you or any of your employees ever been convicted of any crime relating to theft or cruelty to animals? NO

If "yes", please give details: _____

Web-site address: _____ E-mail address: (b)(6)

I understand that Kansas law permits a licensee to be inspected at least once a year and upon complaint. I hereby consent to inspections by the Kansas Animal Health Department. I understand that I may not sell any animals until I have been granted a license. I understand and agree that by signing this form I am required to provide to the animals in my custody adequate veterinary care as defined in K.S.A. 47-1701 (dd)(1). I understand and agree that in order to verify my compliance with this requirement, authorized representatives of the Kansas Animal Health Department may contact my veterinarian and request written verification, including medical records, reflecting adequate veterinary care treatment of the animals in my custody.

I understand that a willful disregard of any provision of the Kansas Pet Animal Act or of any regulations adopted thereunder may subject the licensee to suspension or revocation of the license and/or fine of up to $1000 per violation and/or criminal penalties. I understand that a material misstatement in this application form may be grounds for denial, suspension or revocation of this license.

(b)(6) d correct to the best of my knowledge.

Signature of Owner or Authorized Representative 8-28-08 Date

Social Security #: (b)(6) Furnishing your social security number is voluntary. This request is pursuant to K.S.A. 74-139. The information shall be used to provide your name, address and social security number to the director of taxation upon the director's request.

FEB 16 2011

License Year July 1, 2008 to June 30, 2009

TO BE COMPLETED BY KAHD STAFF ONLY

License #: HK 3462 Inspector CA Date Entered: 9/2/08

Payment Type: Discover Cash Check No: 3311 License Fee: 0 Late Fee _____ Total Paid 0

ANIMAL HEALTH DEPARTMENT

INSPECTION OF ANIMAL WELFARE LICENSEES

Initial ☐ Routine ☐ Special ☐

Name & Address of facility

Date: 8/28/09

Name: Mona Lisa Lauconer

County Russell License No. HK + P/S UL

Address: 2499 US Hwy 40

Code: #1 A&B ☐ #2 NFL ☐ #3 PET ☐ Posted? _____

City Russell Zip Code 67665

#4 P&S ☐ #5 R ☐ #6 HB ☐

Phone No (b)(6) Area Code 785

Person Interviewed Mona Lisa Position Owner

Mona Lisa has given me the application and a check for $250 which I will mail in to KS Animal Health Dept.

CA-4

Inspector's Signature

708 SW Jackson Topeka, Kansas 66603 Phone 785\296-2326 Fax 785\296-1765

FEB 16 2011

Thursday 10A

(b)(6)

From: "Duncan, Debra [AHD]" <dduncan@kahd.ks.gov>
To: (b)(6)
Sent: Monday, August 11, 2008 9:24 AM
Subject: RE: Monkeys

She has offered Scottie pups and Maine Coons so far. You probably don't want to mention the breeds to her. Maybe she'll tell you something else☺

From: (b)(6)
Sent: Monday, August 11, 2008 8:40 AM
To: Duncan, Debra [AHD]
Subject: Re: Monkeys

I will do my best to get info out of her.

---- Original Message ----
From: Duncan, Debra [AHD]
To: (b)(6)
Cc: Z-CarmanSimon ; Simon, Carman [AHD]
Sent: Monday, August 11, 2008 8:38 AM
Subject: RE: Monkeys

The main thing is to find out where her breeding stock came from....and I'd bet almost anything she will find someone a monkey if she doesn't have what they want.

From: (b)(6)
Sent: Monday, August 11, 2008 8:22 AM
To: Duncan, Debra [AHD]
Cc: Z-CarmanSimon; Simon, Carman [AHD]
Subject: RE: Monkeys

I just spoke to (b)(6) as Russell is his territory. He said he has been aware of the monkeys for some time. Russell really didn't want her there so they have had contact with the feds.
(b)(6) said she is originally from (b)(6) and they kicked her out. He said she raises them and they had no proof she was selling them and she doesn't use them to exhibit so they had no jurisdiction either. He said she knows the laws very well. I told him the call I got yesterday from a girl had this conversation; the girl asked if the monkey in the diaper was for sale. The lady said, " SHHHH, we do not use the "S" word. I have PLACED it for $4500. but I have 40 other monkeys.
(b)(6) said whether she uses the S word or places for a fee, that is considered selling.
I told him my caller said if she had to she would sign a statement.
He is going to go next week. I told him Debra wanted me to work it as a complaint and can I go in on his shirttails. He agreed and will call me when his schedule is set for next week.
He is probably right about her knowing the regs very well. She told the girl she had a litter of kittens for sale, a litter of dogs and the 3rd litter she was giving away.

FEB 16 2011

OPENLIST

Russell, KS

Change Location

Search for

Location: Russell, KS

Open List Home >> Russell, KS >> Hotels & Motels >> Hotels & Motels >> Prime 8 Inn

Mona Lisa Lawcomb.

Sponsored Listings

Looking for On Hotels?
Compare Choices & Prices. Save on on hotels!
EzRate.com

Advertise on this network...

Save on Russell Hotel
Compare Hotel Rates at BookingBuddy.com & Find Lowest Rates!
www.bookingbuddy.com

Hotels For
Looking for Hotels For? Find it Now
consumerarmy.com

Just remodeled part of it.

Prime 8 Inn

Local (785) 483-2200

2499 Us Highway 40
Russell, KS 67665

Email to Friend

Find great rates on Russell hotels

Check-in: mm/dd/yyyy

Check-out: mm/dd/yyyy

powered by Orbitz

Very busy during Pheasant Season

Business Info Box

Business Type
Hotels & Motels

Write a Review

Required

Your Name

Your Email

I Like Prime 8 Inn

I Don't Like Prime 8 Inn

Review Title

Your Review

How To Get There

0.5 km
0.5 mi
Data ©Navteq,TeleAtlas

View Larger Map >>
Get Driving Directions >>

Make review anonymous

Receive updates from Openlist

I agree to the Review Guidelines

Submit Review Cancel

FEB 16 2011

GEORGE TEAGARDEN
Livestock Commissioner

DEBRA DUNCAN
Director, Animal Facility Inspection

KANSAS

ANIMAL HEALTH DEPARTMENT

KATHLEEN SEBELIUS, GOVERNOR

October 7, 2009

Mona Lisa Laucomer
2499 US Highway 40
Russell, Kansas 67665

County: Russell

Dear Ms. Laucomer:

Enclosed you will find your copies of the inspection report of my inspection in addition to Dr. Paul Grosdidier's findings from our contact on October 6, 2009. As you can see this is yet another failed inspection. As you know it is very important for the health, safety and welfare of your animals that your facility be in compliance with the regulations and passes all inspections.

If you should having any questions or concerns about this report and its direction, feel free to contact your inspector for specifics.

Thank you so much for your cooperation.

Sincerely,

Carman Simon, PC

Carman Simon, Program Consultant
Kansas Animal Health Department

Enclosures

Cc: file, Grosdidier

708 SW Jackson Topeka, KS 66603-3714
PHONE (785) 296-2326 FAX (785) 296-1765
www.accesskansas.org/kahd

FEB 16 2011

Certificate of Service

I hereby certify that on this 8th day of October, 2009, a true and correct copy of the above and foregoing Stipulated Settlement letter was placed in the United States Mail, first class postage paid, addressed to:

Mona Lisa Laucomer
2499 US Highway 40
Russell, Kansas 67665

Carman Simon
For the Kansas Animal Health Dept.

708 SW Jackson Topeka, KS 66603-3714
PHONE (785) 296-2326 FAX (785) 296-1765
www.accesskansas.org/kahd

FEB 16 2011

BEST COPY AVAILABLE

CA-5 (1/2007)

Date _____ Time _____

USDA. # _____ Expires _____

STATE OF KANSAS
PET ANIMAL
PREMISE INSPECTION

(785) 296-2326 / FAX (785) 296-1765

[ ] Routine [ ] Initial
[ ] Complaint [ ] Re-inspection
[ ] _____

AB	RB	PET	P/S	HK	B/T	RES

NAME _____ FACILITY NAME _____

ADDRESS _____ PHO (b)(6) _____

CITY _____ COUNTY _____ ZIP _____ D/H AVAIL _____

ANIMALS ON HAND
BREED: _____ adults _____ litters _____ # _____ BREED: _____ adults _____ litters _____ #
BREED: _____ adults _____ litters _____ # _____ BREED: _____ adults _____ litters _____ #
BREED: _____ adults _____ litters _____ # _____ BREED: _____ adults _____ litters _____ #
BREED: _____ adults _____ litters _____ # _____ BREED: _____ adults _____ litters _____ #
birds _____ reptile/amph _____ sm furry _____ exotic _____ pocket _____ other _____

FACILITIES	INDOOR	SHELTERED	OUTDOOR
1) CONSTRUCTION			
2) SURFACES:			
3) SHELTER:			
4) MAINTENANCE:			
5) SANITATION:			
6) DRAINAGE:			
7) SPACING:			
8) CLASSIFICATION:			
9) SEPARATION:			
10) WATER & ELECTRIC:			
11) LIGHT / DARK:			
12) HEATING/COOLING:			
13) VENTILATION:			
14) WASTE DISPOSAL:			
15) FOOD STORAGE:			
HEALTH & HUSBANDRY			
16) FEEDING:			
17) WATERING:			
18) CLEANING:			
19) HOUSEKEEPING:			
20) PEST CONTROL:			
21) ANIMAL APPEARANCE:			
22) EXERCISE:			
23) *IDENTIFICATION:			

24) *VET CARE PROGRAM: _____ VETERINARIAN: _____

25) *EUTHANASIA: _____ 26)*SPAY/NEUTER DEPOSIT: _____

RECORDS: _____ SELLS TO: _____

Signature _____ FEB 16 2011 Inspector _____

[ ] PASS [ ] FAIL

Inspection Date: ______________ Prospective/License # ______________

STATE OF KANSAS

ANIMAL HEALTH DEPARTMENT

ESTABLISHMENT WORK PROGRESS SHEET

BEST COPY AVAILABLE

Establishment ______________ Type ______________

Address: ______________ County ______________

Item	Non-Compliant to be Completed by
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	

Owner ☐
Manager ☐
Agent ☐

Prepared by ______________ ______________
(Signature) (Signature)

FEB 16 2011

Inspection Date: ______________ Prospective/License

BEST COPY AVAILABLE

STATE OF KANSAS

ANIMAL HEALTH DEPARTMENT

ESTABLISHMENT WORK PROGRESS SHEET

Establishment [illegible] Type [illegible]

Address: [illegible] County [illegible]

Item	Non-Compliant to be Completed by
[illegible]	
[illegible]	
[illegible]	
[illegible]	[illegible]
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	
[illegible]	
[illegible]	
[illegible]	[illegible]
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	

Owner ☐
Manager ☐
Agent ☐

Prepared by ______________________ ______________________
(Signature) (Signature)

FEB 16 2011

BEST COPY AVAILABLE

Inspection Date: _____ Prospective/License # _____

STATE OF KANSAS

ANIMAL HEALTH DEPARTMENT

ESTABLISHMENT WORK PROGRESS SHEET

Establishment _____ Type _____

Address: _____ County _____

Item	Non-Compliant to be Completed by

Owner ☐
Manager ☐
Agent ☐

Prepared by _____ (Signature) _____ (Signature)

FEB 16 2011

708 SW Jackson Topeka, Kansas 66603-3715
Phone (785) 296-2326 Fax (785) 296-1765

BEST COPY AVAILABLE

Inspection Date: _____ Prospective/License # _____

STATE OF KANSAS

ANIMAL HEALTH DEPARTMENT

ESTABLISHMENT WORK PROGRESS SHEET

Establishment _____ Type _____

Address: _____ County _____

Item	Non-Compliant to be Completed by
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	

Owner ☐

Manager ☐

Agent ☐

Prepared by _____ (Signature)

_____ (Signature)

FEB 16 2011

708 SW Jackson Topeka, Kansas 66603-3715
Phone (785) 296-2326 Fax (785) 296-1765

STATE OF KANSAS
ANIMAL HEALTH DEPARTMENT

INSPECTION OF ANIMAL WELFARE LICENSEES Initial ☐ Routine ☐ Special ☐

Name & Address of facility Date: 10/6/09

Name: Mona Lisa Laucamer County Russell License No.

Address: 2499 US Hwy 40 City: Russell, KS Zip Code

Phone No (b)(6) Area Code 785

Alex - Sores on Rt arm - self mutilates - has been having seizures - was put on K=Bromide & neuropathy has significantly improved. - One grabbed a kitten & tried to pull through wires into pen

Japanese Snows in bedroom -
Pen - some monkey chow at bottom of pen but no piles of feces or urine built up.

Arashi - has sore on lip from getting grabbed by monkey in adjacent pen.
Appears to be several days of feces accumulated in pens. Pen has dried feces crusted into concrete. Owner said is color of concrete
In pen with Umi (his aunt)

Jay & Trickster - Has numerous sharp points of wire sticking into pen. Not many piles but has feces caked into floor

Babee Girle -
Ms. Laucamer claims only 1 day accumulated feces in pen but are at least 20 small piles in pen.

Sarah (Witch) & David - Cripple
Next = Suki
Geisha & Nalla - in elevated cage. No feces in pen

Signature Position Inspector's Signature

FEB 16 2011

708 SW Jackson Topeka, Kansas 66603-3715
Phone (785) 296-2326 Fax (785) 296-1765

STATE OF KANSAS

ANIMAL HEALTH DEPARTMENT

NSPECTION OF ANIMAL WELFARE LICENSEES Initial ☐ Routine ☐ Special ☐

Name & Address of facility Date: 10/6/09

Name: Mona Lisa Lauconer County Russell License No.

Address: 2499 US Hwy 40 City: Russell Zip Code

Phone No. Area Code

pnl ~~several days~~ has feces & water pooled under pen. Has several days accumulation underneath.

Tacara & Oshii (Oshii - submissive)
Several days feces & urine accumulated underneath. -

Sassafras - Several days uneaten food & feces on floor. (Not in contact with monkeys as cage is elevated.) (Snow)

Ruppert - elevated pen. has ball in pen 1-2 days accumulated feces under pen.

Drain in shed has accumulated feces & urine which has not been washed down.

Kevi - (MN) - Has elevated barrel for house slung up by ropes.

On West edge kennels has large accumulation of feces which has wash into depression between concrete & "box cars"

J.J. - Has estimated 4-5 days accumulation of feces in pen. Has limbs in pen to

Signature Position Paul A. Goodidies DVM
Inspector's Signature

FEB 16 2011

CA-4

708 SW Jackson Topeka, Kansas 66603-3715
Phone (785) 296-2326 Fax (785) 296-1765

STATE OF KANSAS
ANIMAL HEALTH DEPARTMENT

INSPECTION OF ANIMAL WELFARE LICENSEES - Initial ☐ Routine ☐ Special ☐

Name & Address of facility

Date: 10/6/09

Name: Mona Lisa Lancaster

County Russell License No.

Address: 2499 US Hwy 40

City: Russell Zip Code

Phone No. Area Code

Amy - 4-5 days estimated feces accumulated in shed. - Branches & barrels (Said pens all cleaned Monday).

Tashi & Jaden
Branche, & barrel - 4-5 days feces accumulated in pen.

Lord Yani & Natasha.
Have barrels & tunnels ~~to~~
4-5 days estimated feces in pen

Pen to South of Yani & Natasha empty.

Sannee & Chewpe
Only 2-3 days feces in pen - barrel & pipes

Kenji - Limbs & barrel - only ~1 day feces in pen.

Nikke & Cheetah - Sharp edges of wire above barrel & in pen. Claims can't get into pen to do anything because is a pair in pen.

Cheesha & Big Red - Appears to be 3-4 days feces in pen. Owner claims was cleaned 2 days ago. Barrel on shelter suspended by 1 chain.

Signature Position Inspector's Signature

FEB 16 2011

CA-4

708 SW Jackson Topeka, Kansas 66603-3715
Phone (785) 296-2326 Fax (785) 296-1765

STATE OF KANSAS

ANIMAL HEALTH DEPARTMENT

INSPECTION OF ANIMAL WELFARE LICENSEES Initial ☐ Routine ☐ Special ☐

Name & Address of facility Date: 10/6/09

Name: Mona Lisa Laucomer County Russell License No.

Address: 2499 US Hwy 40 City: Russell Zip Code

Phone No (b)(6) Area Code 785

Summary:

Though Ms Laucomer will disagree, most pens had excessive accumulations of feces in them. Many pens had feces, food & urine covering (scattered) around large portions of pens. This is unsanitary as it means monkeys walking in these pens must walk through feces and/or urine exposing them to bacteria & potentially to parasites. ~~This is a~~ Preventing such accumulation is ~~an~~ a requirement in any animal species as it is a basic disease control method.

With the exception of 3 monkeys in the house, the remaining monkeys are housed in what are considered out doors facilities. The shed area houses monkeys which have no additional house or shelter for them to get into to get out of the wind which blows through this shed, or the cold weather that will soon be coming. In fact Ms. Laucomer complained repeatedly how the wind made it difficult to clean things in this building & in the facilities in general. These monkeys need some additional shelter against wind & cold.

Drainage is poor in several areas of this facility. Feces and urine have accumulated in the trough on the west sides of both the shedded and the tarpered area. Ms Laucomer claims the shedded

Signature Position Paul A. Gordidier DVM Inspector's Signature

CA-4

708 SW Jackson Topeka, Kansas 66603-3715
Phone (785) 296-2326 Fax (785) 296-1765

FEB 16 2011

STATE OF KANSAS
ANIMAL HEALTH DEPARTMENT

INSPECTION OF ANIMAL WELFARE LICENSEES — Initial ☐ Routine ☐ Special ☐

Name & Address of facility — Date: 10/6/09

Name: Mona Lisa Langemer — County: Russell — License No.

Address: 2499 US Hwy 40 — City: Russell — Zip Code

Phone No. (b)(6) Area Code 785

area was not washed out as it was raining (pouring) the day she last cleaned and that she needs to be able to clean up what has drained out the north end of the shed as it will "just sit there" otherwise. When I asked why the trough west of the tarped area was so packed with feces (this obviously had not been cleaned out for weeks at least) she stated she could not clean it because the fence that "USDA made me put around the facility" "prevents me from being able to get in there to clean it out." When I asked why she doesn't use a wheel barrow to get in she said it was too wide to get through the fenced area. When I asked why she did not bring the wheel barrow in the NW corner through her pasture area, her reply was "the horses will kick me." She admitted these were her horses but was afraid to get in the pasture with them.

Along with lacking barrels or some type of additional shelter as required, many pens lacked any type of environmental enhancements to help stimulate the monkeys (give them some sense of control of their environment). Her repeated excuses for this was "they just tore it up" "they wouldn't use them so I took them out," or "they may chew them up and cause harm to them." One monkey apparently did chew up a rope and caused a fatal obstruction.

Signature — Position — Paul A. Dudley DVM Inspector's Signature

FEB 16 2011

708 SW Jackson Topeka, Kansas 66603-3715
Phone (785) 296-2326 Fax (785) 296-1765

STATE OF KANSAS

ANIMAL HEALTH DEPARTMENT

INSPECTION OF ANIMAL WELFARE LICENSEES

Initial ☐ Routine ☐ Special ☐

Name & Address of facility

Date: 10/6/09

Name: Mona Lisa Lawcomer

County Russel

License No.

Address: 2499 US Hwy 40

City: Russell

Zip Code

Phone No. Area Code

However, it should be possible to use chains instead of rope for these monkeys to swing on, and chains were in fact used in many pens to hold up barrels as were plastic chains and rope. I could not figure why ~~[illegible]~~ it was too dangerous to have rope to swing on, but not too dangerous to hold up barrels.

Another repeat problem throughout many pens were sharp wires sticking into the pens either from the chain link making up the pen or the wire used to hold up barrels. These sharp wires are likely to cut or tear any animal or person the comes into contact with them.

Ms. Lawcomer has at least 15 cats that are roaming throughout the facility. While we were there, 1 monkey grabbed a kitten and tried to pull it into the pen with it. Luckily the kitten escaped, but it is unlikely this is the first or last time this has or will occur, especially has the cats were eating "Monkey Chow" that the monkeys had dropped outside 1 cage.

It is also obvious that compatibility is an issue at times, either with monkeys in the same pen or via the ability to reach through wires to grab monkeys in

Paul A. Goodwin, DVM

Signature

Position

Inspector's Signature

FEB 16 2011

708 SW Jackson Topeka, Kansas 66603-3715
Phone (785) 296-2326 Fax (785) 296-1765

STATE OF KANSAS

ANIMAL HEALTH DEPARTMENT

NSPECTION OF ANIMAL WELFARE LICENSEES Initial ☐ Routine ☐ Special ☐

Name & Address of facility Date: 10/6/09

Name: Mona Lisa Laucomer County Russell License No.

Address: 2499 US Hwy 40 City: Russell Zip Code

Phone No. Area Code

an adjacent pen. At least one monkey (Arashi) had a sore on his lip from one of the monkeys in the pen to his north side grapping him. Another monkey had a mangled ear which Ms. Laucomer was caused when this monkey got in a fight with his brother.

When asked about vaccinations, Ms. Laucomer first replied "You don't vaccinate monkeys." When I told her you most certainly do she replied that she didn't vaccinate them because they "vaccine can kill them." In rare cases, vaccine reactions can kill any species, including humans. However, monkeys of these breeds (Macaques) are susceptible to many human diseases such as measles & rubella and tetanus and can catch these diseases from humans as well as transmitting them to people. This is a little more disconcerting as there was at least one child on the premises when we arrived.

Since the last inspection by Carman Simon & Elaine Adams on 9/10/09, one monkey died. Ms. Laucomer claims it "died from the stress" we caused by being there. She also claims that had she been able take this monkey to the vet that it wouldn't have died. However, her veterinarian, Dr. Thouvenelle, had been out to the facility 2-3 days before the monkey died and looked at this monkey as it had moved into Kansas without a health paper. Neither he nor Ms Laucomer apparently

Signature Position Paul A. Goodwin DVM
Inspector's Signature

708 SW Jackson Topeka, Kansas 66603-3715
Phone (785) 296-2326 Fax (785) 296-1765

FEB 16 2011

STATE OF KANSAS
ANIMAL HEALTH DEPARTMENT

NSPECTION OF ANIMAL WELFARE LICENSEES — Initial ☐ Routine ☐ Special ☐

Name & Address of facility — Date: 10/6/09

Name: Mona Lisa Lawrence — County Russell — License No. _____

Address: 2499 US Hwy 40 — City: Russell — Zip Code _____

Phone No. _____ Area Code _____

noted any problems at this time. Necropsy of this monkey showed it had died of heart related issues brought on largely by obesity. Apparently these monkeys had come in from out of state about 3 days prior to the 9/10/09 inspection. This had been a monkey that [redacted] had likely been an inside monkey, which was transported an unknown distance by a stranger brought to a strange facility then placed in an outside pen. As if none of this would have been stressful!

Overall, this facility is far below standards for any species regulated under the Kansas Pet Animal Act!

Signature — Position — Paul A. Fridley DVM Inspector's Signature

FEB 16 2011

708 SW Jackson Topeka, Kansas 66603-3715
Phone (785) 296-2326 Fax (785) 296-1765

STATE OF KANSAS
KANSAS ANIMAL HEALTH DEPARTMENT
George Teagarden, Livestock Commissioner
708 SW Jackson, Topeka Kansas 66603-3714
Phone 785-296-2326 FAX 785-296-1765
www.accesskansas.org/kahd

QUARANTINE RELEASE

Date of Quarantine: September 10, 2009

Reason for Quarantine: No health certificates on Monkeys entering State of Kansas.

Animal Facilities Inspector: Elaine Adams & Program Consultant, Carman Simon

County: Russell

Mona Lisa Laucomer
2499 Old US Highway 40
Russell, Ks 67665

To: Mona Lisa Laucomer

The above animals are now released this 16th day of October 2009 through verification of health certificates 58-21949. Health Certificate dated 9/10/09, written and issued by: Vet: Dr John Thouvenelle

Address: Po Box 286 - Russell, KS 67665 (b)(6)

License No# 4533-KS

Note: Animals require a health certificate to enter Kansas. Animals over 3 months of age must have proof of current rabies vaccination administered by a licensed veterinarian.

Sincerely,

George Teagarden

George Teagarden, Livestock Commissioner
Animal Facilities Inspection Program

FEB 16 2011

KANSAS ANIMAL HEALTH DEPARTMENT
Phone 913/296-2326
TOPEKA, KANSAS

CERTIFICATE OF VETERINARY INSPECTION COMPANION ANIMAL

STATE OF DESTINATION PERMIT REQUIRED
Yes ☐ No ☒
Permit No. _____

TYPE OF ANIMAL SHIPPED
☐ Dog ☐ Cat ☒ Other

TOTAL NUMBER OF ANIMALS 3

CERTIFICATE NUMBER 48- 81949

DATE 9/10/19

3. NAME, ADDRESS AND TELEPHONE NUMBER OF OWNER/CONSIGNOR
MONA LISA LAUCOMER
2499 US HWY 40
RUSSELL, KS 67665

Kansas License/Registration No. If applicable _____

4. NAME, ADDRESS AND TELEPHONE NUMBER OF CONSIGNEE
MONA LISA LAUCOMER
2499 US HWY 40
RUSSELL, KS 67665

Kansas License/Registration No. If applicable _____

5. ANIMAL IDENTIFICATION *(To be completed by owner/consignor)*

	COMPLETE ID TAG, COLLAR AND/OR TATTOO KANSAS LICENSE/REGISTRATION NO.	BREED, COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS
(1)	Josh		1 y	M	Sable
(2)	Natasha		10 y	F	Black
(3)	Amy		4 y	F	Sable
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

6. VACCINATION HISTORY *(To be completed by veterinarian)*

attach original signature rabies certificate here →

	RABIES ☐ Killed Virus ☐ Live Virus		D-H-L		OTHER VACCINATIONS, TESTS OR TREATMENT		DEFECTS
	Date	Product	Date	Product	Date	Type/Result	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							

OWNER/CONSIGNOR CERTIFICATION: I certify that the information concerning the animals described above in Item 5 is true and correct, and that I am the owner/consignor of such described animals and that I have physical and legal custody of such animals.

SIGNATURE _____ **DATE** 9/10/19

VETERINARY CERTIFICATION: I certify that the animals described in Item 5 have been examined by me this date, that the information provided in Item 6 is true and accurate to the best of my knowledge; and that the following findings have been made. "X" applicable statements.

☐ I certify that the animals described above, and on continuation sheet(s) if applicable, have been inspected by me this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.
☐ I certify that the animals described above, and on continuation sheet(s) if applicable, have been inspected by me this date and appear to be free of physical abnormalities which would endanger the animal.
☐ To my knowledge, the animals described above, and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and have not been exposed to rabies.

NAME, ADDRESS AND TELEPHONE NUMBER *(Please print)*
DR G. JOHN THOUVENELLE
PO BOX 286
RUSSELL, KS 67665 Telephone: 785 483 6502

LICENSE NO. 4533
Accredited ☒ Yes ☐ No
LICENSING STATE KS

SIGNATURE _____ **DATE** 9/10/19

Approved by _____

SIGNATURE OF APPROVAL _____ **DATE** _____

PURPOSE OF MOVEMENT
Interstate ☐
Intrastate ☐
Exhibition ☐
Sale ☐
Other ☒

White Copy to accompany shipment

Pink and Blue copy to State Office

Yellow copy for veterinarians file

FEB 16 2011

TRANSMISSION VERIFICATION REPORT

TIME : 09/10/2009 10:03
NAME :
FAX : 7852961765
TEL : 7852962326
SER.# : BROM5J407746

DATE,TIME	09/10 10:02
FAX NO./NAME	#87854453281
DURATION	00:00:33
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

STATE OF KANSAS

KANSAS ANIMAL HEALTH DEPARTMENT

George Teagarden, Livestock Commissioner

708 SW Jackson Topeka, Kansas 66603-3714

Phone 785/296-2326 FAX 785/296-1765

www.kansas.gov/kahd

FAX COVER SHEET

Date: September 10, 2009
Number of pages including cover sheet: 2

To: Mona Lisa Laucomer

Phone:
Fax phone: 785-445-3281
CC:

From: Teresa Stephens

Phone: (785)296-2326
Fax phone: (785)296-1765

REMARKS: ___ Urgent ____Reply ASAP ____Please comment ____For your information

___ As we discussed ____ As you requested ___ Please call me about this

FEB 16 2011