



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

RE: ACKNOWLEDGEMENT OF RENEWAL
Certificate Number: 48-A-1641
Renewal Date: 04/12/2012

March 25, 2011
Customer ID Number: 16834

Pat Crabtree
1525 Rd O
Saint Francis, KS 67756

Dear Licensee:

Thank you for submitting your Animal Welfare Act (AWA) license renewal documents and applicable fees. Enclosed is a copy of the renewal form and a new certificate indicating that your AWA license has been renewed for another year.

As a reminder, you should file your application for renewal and pay your licensing fees on or before the expiration date each year. We will send you a renewal notice again next year about 60 days before the expiration date of your license. If you cease conducting regulated activities, you may cancel your license at any time by notifying us, in writing, that you wish to terminate your license.

The law also requires that you notify us, by certified mail, of any change in the name, address, location, management and control or ownership of your business within 10 days after such a change has occurred.

Please be advised that your facility records must be kept current and they are subject to review by APHIS Officials during compliance inspections. You may order record keeping forms from this office free of charge.

We appreciate your efforts in complying with the Animal Welfare Act. 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
Regional Director – Animal Care
Western Region

cc: Paul A. Thunstrom, A.C.I.

Enclosures



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs

An Equal Opportunity Provider and Employer



EXPIRATION DATE: APRIL 12, 2012

**United States
Department of
Agriculture**

**Marketing and
Regulatory
Programs**

**Animal and
Plant Health
Inspection
Service**

Animal Care

This is to certify that

PAT CRABTREE

is a licensed
under the

CLASS A BREEDER

Animal Welfare Act

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

Certificate No.

48-A-1641

Customer No.

16834

A handwritten signature in cursive script, appearing to read "Charles A. Gifford".

Deputy Administrator

According to the Paperwork Reduction Act of 1995, no persons are 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.

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.

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

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

APPLICATION FOR LICENSE
(TYPE OR PRINT)

SEND THE COMPLETED FORM TO:
USDA APHIS ANIMAL CARE
Western Region
2150 Centre Ave.
Building B, Mailstop 3W11
Fort Collins, CO 80526-8117
(970) 494-7478

RENEWAL

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
48-A-1641 16834	12-Apr-2011	AMOUNT 300.00	DATE RECEIVED 3-21-11

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS
Pat Crabtree
1525 Rd O
Saint Francis, KS 67756

COUNTY: Cheyenne TELEPHONE (785) 332-2293

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)
1525 Rd O
Saint Francis, KS 67756
County: Cheyenne

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

6. DATE OF LAST BUSINESS YEAR

5. TYPE OF LICENSE
 A - Dealer (Breeder) B - Dealer C - Exhibitor

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR
0	1	0	1	1	0	1	2	3	1	1	0

7. NATURE OF BUSINESS (Check item that describes nature of your business)
 A - Zoo B - Aquariums C - Auction
 D - Breeder E - Pets F - Roadside Zoo
 G - Circus H - Animal Acts I - Carnival
 J - Drive thru K - Pet Store L - Broker
Zoo

8. TYPE OF ORGANIZATION
 Partnership Corporation Individual
 Other (Specify) _____

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	1525 Rd O St Francis, KS 67756 - Box 1161 - St Francis, KS 67756 - 1525 Rd O St Francis, KS 67756
Pat Crabtree - owner	1525 Rd O St Francis, KS 67756

10. DEALER ONLY
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)

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

A: TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	(b)(6)	DOGS	RABBITS
B: TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR		CATS	NONHUMAN PRIMATES
C: TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)		GUINEA PIGS	MARINE MAMMALS
D: DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)		HAMSTERS	WILD OR EXOTIC MAMMALS
		OTHER (i.e., farm animals) (List Species and No.)	

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 regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am over 18 years of age.

12. SIGNATURE (b)(6) 13. NAME AND TITLE (Type or Print) 14. DATE 3-16-11



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

RE: LICENSE RENEWAL
Certificate Number: 48-A-1641
Renewal Date: 04/12/2011

February 7, 2011
Customer ID Number: 16834

Pat Crabtree
1525 Rd O
Saint Francis, KS 67756

Dear Licensee:

This is to remind you that your U.S. Department of Agriculture (USDA) Animal Welfare Act (AWA) license is due for renewal on or before the above renewal date. This is the only renewal notice you will receive.

Please complete the enclosed application form, making any necessary corrections to the pre-printed information, and return it to the above address, along with the appropriate license renewal fee. The annual fee is calculated by using the enclosed fee schedule. You may pay by cashier's check, certified check, personal check or money order made payable to the United States Department of Agriculture. You can also pay with a Visa or MasterCard, using the enclosed credit card authorization form. However, we cannot accept cash payments.

Please note that you must have an approved, complete, and up-to-date program of veterinary care form on file at your place of business. You can obtain blank forms -- or any others you may need -- directly from this office or your USDA inspector. The AWA also requires that you report to us any changes in your name, address, location, management, control or ownership of your business via certified mail within 10 days after the change has occurred.

It is very important that you file your AWA license renewal application before the expiration date. Any renewal notices received after that date will be considered invalid and returned. Accordingly, to continue to conduct AWA regulated business, it would be necessary for you to reapply and undergo the entire pre-licensing process. If your license expires and you continue to operate as a dealer or exhibitor, you will be in violation of the AWA and subject to legal action.

We appreciate your efforts in complying with the Animal Welfare Act. Contact this office at if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,

Robert M Gibbens, D V M
Regional Director -- Animal Care

cc: Paul A Thunstrom, A.C.I.

Enclosures



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs

An Equal Opportunity Provider and Employer



EXPIRATION DATE: APRIL 12, 2011

United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Animal Care

This is to certify that

PAT CRABTREE

is a licensed
under the

CLASS A BREEDER

Animal Welfare Act

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

Certificate No.

48-A-1641

Customer No.

16834

A handwritten signature in cursive script, reading "Charles A. Gibson". The signature is written in black ink and is positioned above a horizontal line.

Deputy Administrator

07/21/10

I'm needing a copy of my
last USDA inspection for my
files. Please fax me a
copy.

Pat Crabtree
785-332-2293

USDA
48-A-1641

JUL 21 2010



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

COPY

RE: ACKNOWLEDGEMENT OF RENEWAL

Certificate Number: 48-A-1641

Renewal Date: 04/12/2011

March 26, 2010

Customer ID Number: 16834

Pat Crabtree
1525 Rd O
St Francis, KS 67756

Dear Licensee:

Thank you for submitting your Animal Welfare Act (AWA) license renewal documents and applicable fees. Enclosed is a copy of the renewal form and a new certificate indicating that your AWA license has been renewed for another year.

As a reminder, you should file your application for renewal and pay your licensing fees on or before the expiration date each year. We will send you a renewal notice again next year about 60 days before the expiration date of your license. If you cease conducting regulated activities, you may cancel your license at any time by notifying us, in writing, that you wish to terminate your license.

The law also requires that you notify us, by certified mail, of any change in the name, address, location, management and control or ownership of your business within 10 days after such a change has occurred.

Please be advised that your facility records must be kept current and they are subject to review by APHIS Officials during compliance inspections. You may order record keeping forms from this office free of charge.

We appreciate your efforts in complying with the Animal Welfare Act. 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
Regional Director – Animal Care
Western Region

cc: Cindy Rhodes, A.C.I.

Enclosures



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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.

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

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

APPLICATION FOR LICENSE
(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:
USDA APHIS ANIMAL CARE
Western Region
2150 Centre Ave.
Building B, Mailstop 3W11
Fort Collins, CO 80526-8117
(970) 494-7478

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
48-A-1641 16834	12-Apr-2010	275.00	2-16-10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS
Pat Crabtree
1525 Rd O
St Francis, KS 67756

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)
1525 Rd O
St Francis, KS 67756
County: CHEYENNE

COUNTY: CHEYENNE TELEPHONE (785) - 332 - 2293

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

5. TYPE OF LICENSE
 A - Dealer (Breeder) B - Dealer C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

7. NATURE OF BUSINESS (Check item that describes nature of your business)
 A - Zoo B - Aquariums C - Auction
 D - Breeder E - Pets F - Roadside Zoo
 G - Circus H - Animal Acts I - Carnival
 J - Drive thru K - Pet Store L - Broker
Zoo

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
0	1	0 9	1	2	3 1 0 9

8. TYPE OF ORGANIZATION
 Partnership Corporation Individual
 Other (Specify) _____

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	1525 Rd O, St Francis KS 67756 (same) (b)(6) St Francis, KS 67756
	1525 Rd O, St Francis, KS 67756

10. DEALER ONLY
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: 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 OF WHICH FEE IS BASED
(Sections 2.6 and 2.7)

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

DOGS	RABBITS
CATS	NONHUMAN PRIMATES
GUINEA PIGS	MARINE MAMMALS
HAMSTERS	WILD OR EXOTIC MAMMALS
OTHER (i.e., farm animals) (List Species and No.)	

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 regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am over 18 years of age.

(b)(6) 13. NAME AND TITLE (Type or Print) 14. DATE
3-16-10



copy

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

RE: LICENSE RENEWAL
Certificate Number: 48-A-1641
Renewal Date: 04/12/2010

February 16, 2010
Customer ID Number: 16834

Pat Crabtree
1525 Rd O
St Francis, KS 67756

Dear Licensee:

This is to remind you that your U.S. Department of Agriculture (USDA) Animal Welfare Act (AWA) license is due for renewal on or before the above renewal date. This is the only renewal notice you will receive.

Please complete the enclosed application form, making any necessary corrections to the pre-printed information, and return it to the above address, along with the appropriate license renewal fee. The annual fee is calculated by using the enclosed fee schedule. You may pay by cashier's check, certified check, personal check or money order made payable to the United States Department of Agriculture. You can also pay with a Visa or MasterCard, using the enclosed credit card authorization form. However, we cannot accept cash payments.

Please note that you must have an approved, complete, and up-to-date program of veterinary care form on file at your place of business. You can obtain blank forms -- or any others you may need -- directly from this office or your USDA inspector. The AWA also requires that you report to us any changes in your name, address, location, management, control or ownership of your business via certified mail within 10 days after the change has occurred.

It is very important that you file your AWA license renewal application before the expiration date. Any renewal notices received after that date will be considered invalid and returned. Accordingly, to continue to conduct AWA regulated business, it would be necessary for you to reapply and undergo the entire pre-licensing process. If your license expires and you continue to operate as a dealer or exhibitor, you will be in violation of the AWA and subject to legal action.

We appreciate your efforts in complying with the Animal Welfare Act. 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
Regional Director – Animal Care
Western Region

cc: Cindy Rhodes, A.C.I.

Enclosures



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COPY

RE: ACKNOWLEDGEMENT OF RENEWAL

Certificate Number: 48-A-1641

Renewal Date: 04/12/2010

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

May 18, 2009

Customer ID Number: 16834

Pat Crabtree
1525 Rd O
St Francis, KS 67756

Dear Licensee:

Thank you for submitting your Animal Welfare Act (AWA) license renewal documents and applicable fees. Enclosed is a copy of the renewal form and a new certificate indicating that your AWA license has been renewed for another year.

As a reminder, you should file your application for renewal and pay your licensing fees on or before the expiration date each year. We will send you a renewal notice again next year about 60 days before the expiration date of your license. If you cease conducting regulated activities, you may cancel your license at any time by notifying us, in writing, that you wish to terminate your license.

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Sincerely,

Robert M. Gibbens, D V M
Regional Director – Animal Care
Western Region

cc: Faron A. Greenough, A.C.I.

Enclosures



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United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Animal Care

COPY

EXPIRATION DATE: APRIL 12, 2010

This is to certify that

PAT CRABTREE

is a licensed
under the

CLASS A BREEDER

Animal Welfare Act

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

Certificate No.

48-A-1641

Customer No.

16834

Deputy Administrator

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: 2150 Centre Ave, Building B
Mailstop # 3w11
Fort Collins, CO 80526 8117
Telephone: (970) 494-7478

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 48-A-1641	12-APR-2009		
CUST: 16834			

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

Pat Crabtree
1525 Rd O
St Francis, KS 67756

Telephone: (785)332-2293

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

1525 Rd O
St Francis, KS 67756
County: Cheyenne
Telephone: (785)332-2293

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

(b)(6)

Pat Crabtree X

(b)(6)

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

48-A-1586

(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: 01-JAN-08 TO: 31-DEC-08

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. 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)

(b)(6)

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

DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
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)

Not A FOIA Redaction

Pat Crabtree



COPY

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

RE: LICENSE APPLICATION FOR CORRECTION

Certificate Number: 48-A-1641

Renewal Date: 04/12/2009

May 1, 2009

Customer ID Number: 16834

Certified Mail Receipt Number 7008 0500 0000 7755 0008

Pat Crabtree
1525 Rd O
St Francis, KS 67756

Dear Sir/Madam:

We recently received your application for license renewal under the Animal Welfare Act (AWA). However, we are unable to process the application for the reasons indicated below. Please complete the form as instructed and return it/them to this office prior to 05-19-2009 to avoid further delays.

FORM 7003

- Please complete and submit original form, which is enclosed.
- Please send \$10 application fee.
- Please send \$ ~~23.00~~ fees required under block ____.
- Please send \$ ____ payment with corrected form(s).
- Please correct/complete the enclosed Credit Card Authorization Form.
- We have returned your check/payment (2574) in the amount of \$360.00 which was received on 04-27-2009 because The renewal fee remittance is incorrect. Please see enclosed fee schedule..

PLEASE CORRECT THE FOLLOWING BLOCKS ON FORM 7003 :

- | | | |
|---|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Block 1 | <input type="checkbox"/> Block 6 | <input type="checkbox"/> Block 10 |
| <input type="checkbox"/> Block 2 (12-months period) | <input type="checkbox"/> Block 7 | <input type="checkbox"/> Block 11 |
| <input checked="" type="checkbox"/> Block 3 | <input type="checkbox"/> Block 8 | <input type="checkbox"/> Block 12 |
| <input type="checkbox"/> Block 4 | <input type="checkbox"/> Block 9 | <input type="checkbox"/> Block 13 |
| <input type="checkbox"/> Block 5 | | <input type="checkbox"/> Block 14 |

We appreciate your efforts in complying with the Animal Welfare Act. 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
Regional Director – Animal Care
Western Region

cc: Faron A. Greenough, A.C.I.

Enclosures



Copy # 16834
 48-A-1641
 Correction Ltr
 01-May-09

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark Here

Total Postage: 48-A-1641 # 16834
 Pat Crabtree
 1525 Rd O
 St Francis, KS 67756

Sent To: 1525 Rd O
 St Francis, KS 67756

Street, Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800 August 2006 See Reverse for Instructions

7008 0500 0000 7755 0008

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

48-A-1641 # 16834
 Pat Crabtree
 1525 Rd O
 St Francis, KS 67756

A. Signature
 (b)(6) Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Pat Crabtree 5-8-09

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

MAY 11 2009

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 0500 0000 7755 0008

COPY

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: 2150 Centre Ave, Building B
Mailstop # 3w11
Fort Collins, CO 80526 8117
Telephone: (970) 494-7478

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 48-A-1641	12-APR-2009		
CUST: 16834			

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

Pat Crabtree
1525 Rd O
St Francis, KS 67756

Telephone: (785)332-2293

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

1525 Rd O
St Francis, KS 67756
County: Cheyenne
Telephone: (785)332-2293

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

(b)(6)

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

48-A-1586

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

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

FROM	TO
01-JAN-08	31-DEC-08

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	1178
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	1178
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	\$ 2,100
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	\$ 306

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

DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
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

(b)(6)

11. PRINT NAME

12. SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER

13. DATE

4/2/09

Pat Crabtree

Usda western region

APPEALING FAILURE TO RENEW

I DID SEND IN MY RENEWAL FOR MY USDA LICENCE ON APRIL 6TH. I received IT BACK ON APRIL 15TH. I HAD WRITTEN THE ADDRESS INCORRECT. I THEN SENT IT RIGHT BACK OUT WITH THE CORRECT ADDRESS.

PLEASE TAKE THIS INTO CONSIDERATION AS I HAVE NEVER BEEN LATE ON MY RENEWAL AND WOULD NOT HAVE THIS YEAR EITHER.

**THANK YOU.....PAT CRABTREE 1525 RD 0
ST. FRANCIS, KS 67756**

Mr gibbons.

I mailed out my renewal in plenty of time for it to reach the office. Unfortunately i received my renewal back and had to remail. I had put an incorrect address on the letter. My own street address and also a wrong zip. I have been guilty of doing this before, i guess we get too busy sometimes. As a result my app arrived late.

I have had 35 dogs booked in an auction for (b)(6) in missoui for over 2 months. She is depending greatly on me as the dogs have been advertized with over 3,000 breeders. I am afraid it will have a very negative affect on her sale and well as on myself if i cannot bring my animals.

I am asking you to consider my appeal as i sell on a weekly basis to pet stores and i do not take having a current usda license lightly as the kennel is our only business and income. I've had this sale planned as well so i would not have neglected sending in my renewal.

We do try to keep our kennel facility as much above average as we possibly can and avoid as much negativity as possible. I have never been late on my renewal before and will not be again. I have held a usda license for many years. I also will be using registered mail from here on.

Thank you very much

(b)(6)

APR 24 09



21-Apr-2009

COPY

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

PAT CRABTREE
1525 RD O
ST FRANCIS, KS 67756

Customer ID: 16834
Certified Mail, Return Receipt
7008 1830 0001 2307 9014

Dear Ms Crabtree:

Thank you for the renewal application and fees received in our office on 20-Apr-2009. You were notified by certified mail on 20-Apr-2009, that your license was terminated due to the failure to renew your license on or before the expiration date of 12-Apr-2009. Section 2.5(b) of Title 9, Code of Federal Regulations, Subchapter A, Animal Welfare states, ***"The required annual license fee must be received in the appropriate Animal Care regional office on or before the expiration date of the license or the license will expire and automatically terminate."***

Should you desire to become licensed with us again please contact us at the address or phone number above for a new license application kit. Complete and return the new license application, the green form for SSN/taxpayer ID and a \$10.00 application fee.

Please be advised that if you conduct regulated activities without a valid license, you will be considered in violation of the Animal Welfare Act and subject to legal action.

We are returning your renewal application, APHIS Form 7003, and your check # 2574 in the amount of \$360.00.

If you have any questions regarding this letter, please write or call this office at the address or telephone number above.

Sincerely,

Robert M. Gibbens
Regional Director - Animal Care
Western Region

cc: FARON GREENOUGH, A.C.I.



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
An Equal Opportunity Provider and Employer

Copy # 16834
 48-A 1041
 Return Lake Renewal
 App / new app. list
 21-Apr-09

7008 1830 0001 2307 9014

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only, No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com .	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage # 16834	
Pat Crabtree	
1525 Rd O	
St Francis, KS 67756	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP	
PS Form 3811, August 2004 See Reverse for Instructions	

<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p># 16834 Pat Crabtree 1525 Rd O St Francis, KS 67756</p>	<p>A. Signature</p> <p>(b)(6) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>)</p> <p>Pat Crabtree</p> <p>C. Date of Delivery</p> <p>4-23-09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center; font-size: 1.2em;">APR 27 2009</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
--	--

2. Article Number 7008 1830 0001 2307 9014
(Transfer from service label)



COPY

RE: CERTIFICATE CANCELLATION FAILURE TO RENEW

Certificate Number: 48-A-1641

Renewal Date: 04/12/2009

Certified Mail Return Receipt Number: 7008 1830 0001 2307 6761

April 20, 2009

Customer ID Number: 16834

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

Pat Crabtree
1525 Rd O
St Francis, KS 67756

Dear Sir/Madam:

This is to inform you that, because we did not receive your Animal Welfare Act (AWA) license renewal documents and applicable fees before the stated expiration date, your license has expired and is no longer valid.

If you have allowed your license to lapse and are conducting regulated activities, please be advised that you must undergo the entire licensing process, i.e. apply, pay the appropriate fees and pass a pre-licensing inspection, before being issued another license.

Further more, if you are currently conducting regulated activities without a valid license, you will be considered in violation of the Animal Welfare Act and subject to legal action.

We appreciate your efforts in complying with the Animal Welfare Act. 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
Regional Director – Animal Care
Western Region

cc: Faron A. Greenough, A.C.I.



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs

An Equal Opportunity Provider and Employer

January 27, 2009



Pat Crabtree
1525 Rd O
St Francis, KS 67756

Customer No: 16834
Certificate No: 48-A-1641
Renewal Date: 04/12/2009
RE: LICENSE RENEWAL

**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

Dear Licensee:

This is to remind you that your U.S. Department of Agriculture (USDA) Animal Welfare Act (AWA) license is due for renewal on or before the above expiration date. This is the only renewal notice you will receive.

Please complete the enclosed application form, making any necessary corrections to the pre-printed information, and return it to the above address, along with the appropriate license renewal fee. The annual fee is calculated by using the enclosed fee schedule. You may pay by cashier's check, certified check, personal check or money order made payable to the United States Department of Agriculture. You can also pay with a Visa or MasterCard, using the enclosed credit card authorization form. However, we cannot accept cash payments.

Please note that you must have an approved, complete, and up-to-date program of veterinary care form on file at your place of business. You can obtain blank forms -- or any others you may need -- directly from this office or your USDA inspector. The AWA also requires that you report to us any changes in your name, address, location, management, control or ownership of your business via certified mail within 10 days after the change has occurred.

It is very important that you file your AWA license renewal application before the expiration date elapses -- any renewal notices received after that date will be considered invalid and returned. Accordingly, to continue to conduct AWA regulated business, it would be necessary for you to reapply and undergo the entire pre-licensing process. If your license expires and you continue to operate as a dealer or exhibitor, you will be in violation of the AWA and subject to legal action.

We appreciate your efforts in complying with the Animal Welfare Act. Contact this office at 970-494-7472 if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,

Robert M. Gibbens, D V M
Regional Director - Animal Care
Western Region

cc: Faron A. Greenough, A.C.I.

Enclosures



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October 20, 2009

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

Pat Crabtree
1525 Road O
St Francis, KS 67756

CERTIFIED MAIL-RETURN
RECEIPT REQUESTED
7009 1410 0001 6257 9116

License # 48-A-1641
Customer # 16834

Dear M. Crabtree,

The enclosed APHIS Form 7060, "Official Warning, Violation of Federal Regulations", is being issued to you for alleged violations of the Federal Animal Welfare Act. This notice is being issued at this time as a serious warning that if you fail to comply with the requirements of the Animal Welfare Act in the future, this citation and all past and future documented violations will be used to justify a more severe penalty.

The Animal Welfare Act provides for penalties of up to \$10,000 per violation.

If you have any questions regarding this citation or the Animal Welfare Act, please contact this office at the address or telephone number above.

Sincerely,

Robert M. Gibbens, DVM
Director
Western Region, Animal Care

cc: Faron Greenough, ACI



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs

An Equal Opportunity Provider and Employer

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE	CASE NO.
<p style="text-align: center;">OFFICIAL WARNING VIOLATION OF FEDERAL REGULATIONS</p>	VIOLATOR
	Pat Crabtree 48-A-1641
	ADDRESS (<i>Street, City, State, Zip Code</i>) 1525 Road O St Francis, KS 67756

The Department of Agriculture has evidence that on or about **August 10, 2009 and July 1, 2008**, you or your organization committed the following violations of Federal Regulations:

Section

2.75 (a) (1) (vi) – Records: Dealers and Exhibitors --

Failure to maintain records that include the required information for all dogs acquired, owned, held, or otherwise in your possession or control

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 (<i>Name and Title</i>)		OFFICE ADDRESS:
Robert M. Gibbens, Director		2150 Centre Ave. Building B, MS3W11 Fort Collins, CO 80526
SIGNATURE	DATE ISSUED	TELEPHONE NO. AC (970) 494-7478
	10/20/09	
FOR PERSONAL SERVICE - RECEIVED BY: (<i>Name and signature</i>)		DATE RECEIVED:
FOR CERTIFIED MAIL - RECEIPT NO: 7009 1410 0001 6257 9116		
APHIS FORM 7060 (JUN 91) Previous editions may be used PART 1 - VIOLATOR		

48 A-1641

7060

10/20/09

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

PROFICIAL USE

7009 1410 0001 6257 9116

Postage	\$	Postmark Here 7060
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent to Pat Crabtree		
Street, Apt. No., or PO Box No. St Francis, KS 67756		
City, State, ZIP+4 48-A-1641		

PS Form 3800, August 2006

See Reverse for Instructions

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Pat Crabtree
1525 Road O
St Francis, KS 67756
48-A-1641

2. Article Number
(Transfer from service label)

7009 1410 0001 6257 9116

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X

(b)(6)

Agent

Addressee

B. Received by (Printed name)

Pat Crabtree

C. Date of Delivery

10-22-09

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

OCT 26 2009

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Request to Use Micro chipping as a Method of Identification

Submit completed form to: USDA-APHIS-AC
2150 Centre Ave.
Building B, Mailstop 3W11
Fort Collins, CO 80526

Name of Business: Little Paws Kennel

Name of Owner: Pat Crabtree

Address: 1525 Rd 0

City: St Francis State: KS Zip: 67156

USDA License Number: 48-A-11641 USDA Tattoo# (if any): _____

Microchip Information:

Manufacturer and/or Model of Microchip and Reader: Avid

Location of Microchip (For example: left side of neck)
middle neck

* The location of the chip must be consistent from animal to animal

I accept and understand that:

- * The microchip scanner must be readily available to APHIS officials.
- * Animal identification records must indicate the microchip number, the manufacturer of the chip, and the approximate location of the microchip in the animal.
- * When sold or given to another regulated facility, animals with a microchip must have an official tag or tattoo if the new facility does not have a compatible scanner.
- * APHIS may revoke an approval at any time if the micro chipping system is discovered to be ineffective.

Licensee/Registrant Signature: _____ (b)(6) _____

Date: 8-1-2010

Approved by APHIS Official: [Signature]

Date: 8-16-10

Note: This is an optional document to assist licensees/registrants in meeting the requirements of the regulations. Licensees/Registrants may develop their own formats if desired.



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

August 17, 2010
License Number: 48-A-1641
Customer Number: 16834

Pat Crabtree
1525 Road O
St. Francis, KS 67756

Dear Ms. Crabtree:

Your request for a variance to use your computerized record keeping system instead of APHIS Form 7005 has been received.

However, your request cannot be granted at this time for the following reason: the sample of your computer product was not completed of information, as it would if it were the required fields of the APHIS Form 7005. Your E-Z Kennel Plus samples must be filled out completely, as if it was being given to your inspector during an inspection of your facility.

Please feel free to resubmit your request after you have completed entering all the information into your E-Z Kennel Plus program.

If the USDA develops further changes affecting record keeping, this variance request may be re-evaluated to determine compliance with any new record keeping requirement.

If you have any questions regarding the use of computerized records, please call this office at the number listed above.

Sincerely,

Robert M. Gibbens, DVM
Western Region Director
Animal Care

cc: Cindy Rhoades, ACI



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RETAIN IN FILE

United States
Department of
Agriculture

Animal and Plant
Health Inspection
Service

Animal Care
Western Region

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

August 31, 2010

License Number: 48-A-1641

Customer Number: 16834

Pat Crabtree
1525 Road O
Saint Francis, KS 67756

Dear Ms. Crabtree:

Your request for a variance to use your computerized record keeping system instead of APHIS Form 7005 has been received.

The variance for you to use your computerized record keeping system for official USDA record keeping is approved. While the format has been approved, it must contain the information required in Section 2.75(a)(1) to remain in compliance with the regulations.

Presentation of the records by only a computer disk is not acceptable. In most cases, the inspector will request a hard copy to be available at the time of the inspection. He/she will have the right to observe the retrieval and printing of the records. If the inspector were unable to receive the records for proper identification, this would be considered a violation of Section 2.126(a)(2).

Any changes to your format must be submitted to this office for approval.

If the USDA develops further changes affecting record keeping, this variance may be re-evaluated to determine compliance with any new record keeping requirement.

If you have any questions regarding the use of computerized records, please call this office at the above number.

Sincerely,

Robert M. Gibbens, DVM
Western Region Director
Animal Care

cc: Cindy Rhodes, ACI



Strengthening American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs

An Equal Opportunity, Provider and Employer

I am sending 10 copy of forms
I request to use from easy kernel.

Thanks

(b)(6)

48A-1641
16834

AUG 30 2010

~~16834~~

10- 258



"Kristin Redenius"
<kredenius@4thedogsrescue.org>

02/21/2010 03:32 PM

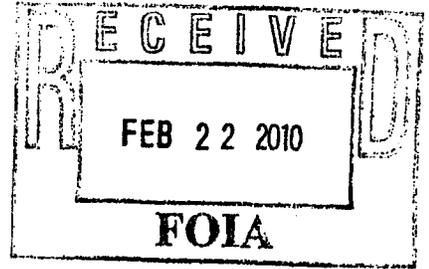
Please respond to
<kredenius@4thedogsrescue.org>

To <foia.officer@aphis.usda.gov>

cc

bcc

Subject FOIA Request



I am requesting inspection reports on this breeder from 2008-2010.

Pat Crabtree, dba Little Paws Kennel
1525 Road O, St. Francis, KS
Their website says though they are in Baileysville????
785-336-6623

#10834

289-1041

Ke WANDA
Due Out By
MAR 19 2010

AC
web

Thank You,
Kristin Redenius-Founder/Executive Director
4 The Dogs Rescue
WDM, IA 50265
Phone: 515-681-9766 Fax: 515-225-1368
Email: kredenius@4thedogsrescue.org
Web: www.4thedogsrescue.org
Facebook:
<http://www.facebook.com/pages/West-Des-Moines-IA/4-The-Dogs-Rescue-Inc/82840846331?ref=ts>

"The measure of a man is in how he treats the animals."
"By the love of those I have been privileged to rescue, I have been rescued."

P.O. Box 27011
West Des Moines, IA 50265
sgg 2/23/10

08-778

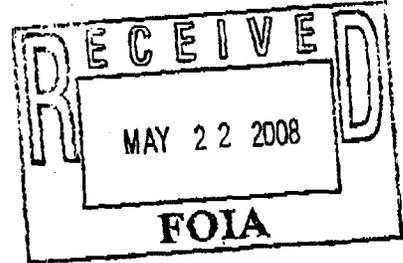
AC/DES
James

FOIA Request Order Form

Date: 05/21/2008
First Name:* Lindsey
Last Name:* Jones
Organization:
Address:* (b)(6)

City:* Colorado Springs
State:* CO Zip:* 80906
Phone:* (b)(6)
E-Mail:
Category:*

- Animal Health
- Animal Welfare
- Financial
- Import/Exports
- Personnel
- Plant Protection and Quarantine
- Veterinary Services
- Wildlife Management
- Miscellaneous



Time Period (for requested records)
05/21/2005 05/21/2008

Description of Information you are Requesting:

I would like all records and inspections for USDA numbers: 48-A-1530 and 48-A-1641. I would also like any cancellation request of one USDA number to another USDA number if available.

9803

You MUST agree to pay applicable fees in order to process your FOIA request. Fees are charged in the amount of \$25.00 or more. A letter will be sent to you stating the exact amount of your fee.

Yes I agree to pay all applicable fees for this request.

* Mandatory Field

Submit Request

JUN 18 2008

Received
5/23/08
JON

08-667

ACTIES
Katy



(b)(6)

04/20/2008 02:56 PM

To foia.officer@aphis.usda.gov

cc

bcc

Subject (no subject)

Lindsey Jones

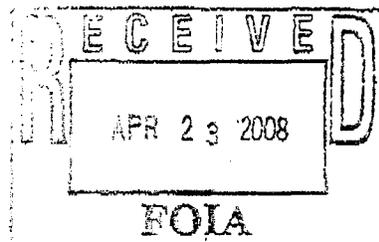
(b)(6)

Colorado Springs, CO. 80906

Telephone

E-Mail:

(b)(6)



I am writing to request the last three USDA inspection reports on the USDA licensed dog breeder listed below. I am also requesting records of any administrative action (e.g. fines) taken against the breeder. Please let me know who has been assigned to this project. Let me know if you require any additional information in order to fulfill this request.

USDA# 48-A-1041, Pat Crabtree, 1525 Road O, Sainr Francis Kansas 67756.

#14834

Thank-you!

Get the [MapQuest Toolbar](#). Maps, Traffic, Directions & More!

MAY 20 2008

APR 24 2008



Inspection Report

PAT CRABTREE

Customer ID: **16834**

Certificate: **48-A-1641**

Site: 002

PAT CRABTREE

1525 RD O

Type: ROUTINE INSPECTION

SAINT FRANCIS, KS 67756

Date: Jul-27-2010

2.50 (a) (2)

TIME AND METHOD OF IDENTIFICATION.

2.50 Time and method of identification. (a) A class ``A" dealer (breeder) shall identify all live dogs and cats on the premises as follows: (2) Live puppies or kittens, less than 16 weeks of age, shall be identified by: (i) An official tag as described in Sec. 2.51; (ii) A distinctive and legible tattoo marking approved by the Administrator; or (iii) A plastic-type collar acceptable to the Administrator which has legibly placed thereon the information required for an official tag pursuant to Sec. 2.51.

No identification as described in this section for twelve 8-9 week old puppies that are not housed with their dam in the main whelping building. Ensure all animals on the premises are properly identified.

To be corrected by: August 2, 2010

3.6 (a) (1)

PRIMARY ENCLOSURES.

3.6 Primary enclosures for dogs and cats must meet the following minimum requirements:

(a) General requirements. (1) Primary enclosures must be designed and constructed of suitable materials so that they are structurally sound. The primary enclosures must be kept in good repair.

The second whelping building enclosure #8 from the north side housing one dog has a tie missing that holds the fence to the back support pole causing the fence to fall down leaving a gap and not in good repair.

Enclosure housing Snowball the wood around the outside dog door is chewed, ripped and splintering and not in good repair.

The six top outside enclosures housing 15 dogs in the fourth building on the south side has wood chewed, worn and broken off pieces along the top back part of the enclosures and not in good repair.

Prepared By:

CINDY RHODES, A.C.I. USDA, APHIS, Animal Care

Date:

Title: ANIMAL CARE INSPECTOR Inspector 5047

Jul-28-2010

Received By:

SENT BY EMAIL TO PAT CRABTREE

Date:

Title: OWNER

Jul-28-2010



Inspection Report

Ensure that all enclosures are maintained in good repair.

To be corrected by: August 2, 2010

3.6 (a) (2) (i)

PRIMARY ENCLOSURES.

3.6 (a) General requirements. (2) Primary enclosures must be constructed and maintained so that they: (i) Have no sharp points or edges that could injure the dogs and cats.

Fourth building on the south side the six enclosures on the top outside housing 15 dogs has sharp wire edges bent downward towards the animals which could potentially injure an animal.

North building on the east side between enclosure 1 and 2 (lower pens) the back brace has broken away leaving sharp wire ends protruding into enclosure #2 housing one dog. The sharp wire ends could potentially injure an animal.

Maintain all enclosures so that they protect the animals from injuries.

To be corrected by: August 2, 2010

Inspection accompanied by and an exit briefing conducted with facility representative.

Prepared By:

CINDY RHODES, A.C.I. USDA, APHIS, Animal Care **Date:**
Title: ANIMAL CARE INSPECTOR Inspector 5047 Jul-28-2010

Received By:

SENT BY EMAIL TO PAT CRABTREE **Date:**
Title: OWNER Jul-28-2010



Photographer:	Cindy Rhodes	Legal Name:	48-A-1641
Photo Taken:	Tue, Jul 27, '10	PAT CRABTREE	
Inspection:	209102113020684		
Description:	No identification for 12 weaned puppies 8-9 weeks old not housed with their dam in the main whelping building		



Photographer:	Cindy Rhodes	Legal Name:	48-A-1641
Photo Taken:	Tue, Jul 27, '10	PAT CRABTREE	
Inspection:	209102113020684		
Description:	Second whelping building enclosure #8 from the north side housing one dog has a tie missing leaving a gap and not in good repair		



Photographer:	Cindy Rhodes	Legal Name:	48-A-1641
Photo Taken:	Tue, Jul 27, '10	PAT CRABTREE	
Inspection:	209102113020684		
Description:	North building east side between enclosure 1 and 2 has sharp wires protruding into enclosure 2 could potentially injure an animal		



Photographer:	Cindy Rhodes	Legal Name:	48-A-1641
Photo Taken:	Tue, Jul 27, '10	PAT CRABTREE	
Inspection:	209102113020684		
Description:	6 top enclosures in the fourth building on south side has wood chewed, worn and pieces broken along the top back of the enclosure and sharp bent wires protruding into the enclosure.		



Photographer:	Cindy Rhodes	Legal Name:	48-A-1641
Photo Taken:	Tue, Jul 27, '10	PAT CRABTREE	
Inspection:	209102113020684		
Description:	Enclosure housing snowball wood around the dog door is chewed, ripped and splintering wood not in good repair.		



Photographer:	Cindy Rhodes	Legal Name:	48-A-1641
Photo Taken:	Tue, Jul 27, '10	PAT CRABTREE	
Inspection:	209102113020684		
Description:	6 top enclosures in the fourth building on south side has wood chewed, worn and pieces broken along the top back of the enclosure and sharp bent wires protruding into the enclosure.		