



CFR:3.1(e)

**Photographer:** Stephanie Mayard **Certificate:** 64-R-0102

**Date and Time:** 7/27/2022 1:00 PM **Legal Name:** BLUE RIDGE KENNEL

**Inspection No:** 2016090000807048 **Facility Name:** BLUE RIDGE KENNEL

**Description:** Bags of dog food taped and not contained in leakproof containers.



CFR:3.1(e)

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CFR:2.33(b)(2)

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**Legal Name:** BLUE RIDGE KENNEL

**Inspection No:** 2016090000807048

**Facility Name:** BLUE RIDGE KENNEL

**Description:** The Redbone Coonhound (Microchip # 98102003968162 ) that was thin in appearance.



CFR:2.33(b)(2)

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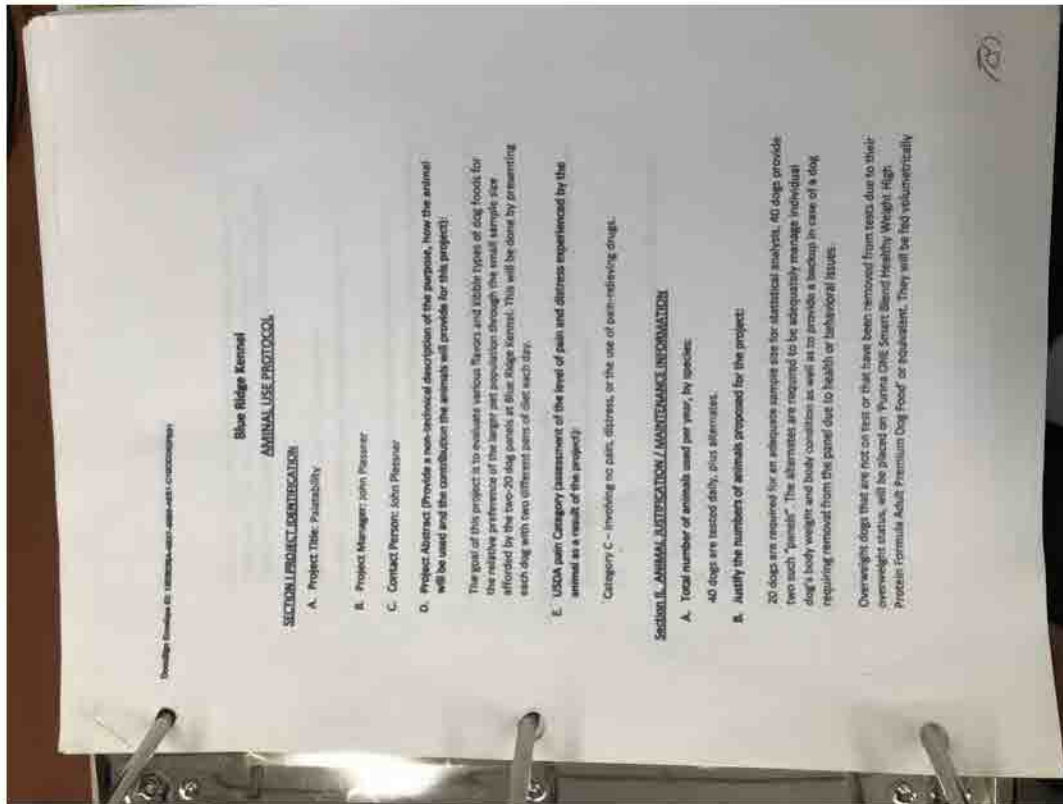
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**Description:** The Redbone Coonhound (Microchip # 98102003968162 ) that was thin in appearance.



CFR:2.31(d)(1)(iii)

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**Date and Time:** 7/27/2022 1:00 PM

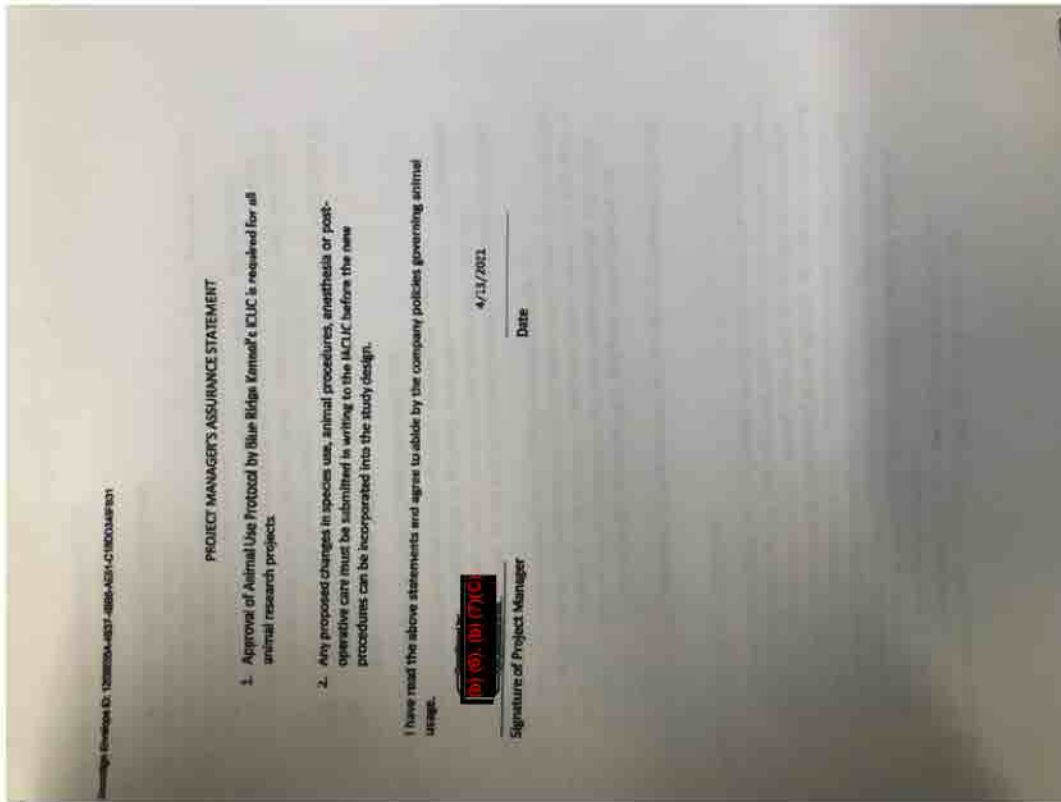
**Legal Name:** BLUE RIDGE KENNEL

**Inspection No:** 2016090000807048

**Facility Name:** BLUE RIDGE KENNEL

**Description:** The IACUC-approved protocol that didn't include any written assurance that the activities did not unnecessarily duplicate the previous experiments.





CFR:2.31(d)(1)(iii)

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**Date and Time:** 7/27/2022 1:00 PM

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**Description:** The IACUC-approved protocol that didn't include any written assurance that the activities did not unnecessarily duplicate the previous experiments.

Recovery Checklist ID: 120858A-4837-4884-4881-C1800A000001

according to the guidelines posted on the following webpage, less twenty percent for weight loss until they reach a Body Condition Score of between '5' and '6' <https://www.burns.com/burns.com/docs/docs/food/health/weight-loss.pdf>.

C. Justify the species selected:  
Dogs are the target of the products being evaluated.

D. Are alternatives available to avoid using animals to conduct this project?  
No.

E. Where will the animals be housed and what are the housing requirements:  
The dogs comprising these two panels will be housed in the Number 3 Kennel Building, per normal Blue Ridge Kennel animal housing and care procedures. The pit alternates will be housed in the Number 1 Kennel Building.

F. Describe any special environmental or animal care requirements necessary to complete this study.  
N/A

SECTION III. NON-SURGICAL PROCEDURES

A. Description of non-surgical procedure: (Defined as a procedure not expected to cause more than momentary or slight pain or distress).  
N/A

B. Method of obtaining blood, feces, or urine and the frequency of collection (include blood sample size in relation to total blood volume).  
N/A

C. Method and duration of restraint:  
N/A

D. Agents to be administered including dosage, route, and frequency:  
N/A

E. Other Procedures (specify):  
N/A

CFR:2.31(d)(1)(iii)

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**Inspection No:** 2016090000807048

**Facility Name:** BLUE RIDGE KENNEL

**Description:** The IACUC-approved protocol that didn't include any written assurance that the activities did not unnecessarily duplicate the previous experiments.



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D. Name and qualification of individual(s) administering sedative, or analgesics, or anesthetic:  
N/A

E. Name and qualification of individual(s) performing the surgical procedure:  
N/A

F. Location where surgical procedure will be performed:  
N/A

G. Post-operative care:  
N/A

H. Method of obtaining specimens (blood, feces, urine) and frequency (include sample size in relation to total blood volume of animal):  
N/A

I. Analgesics  
a. Antibiotics  
N/A

J. Method and duration of restraint:  
1. Physical  
N/A

K. Agents to be administered including dosage, route, and frequency:  
N/A

L. Criteria for the removal of an animal from the project (end point):  
N/A

CFR:2.31(d)(1)(iii)

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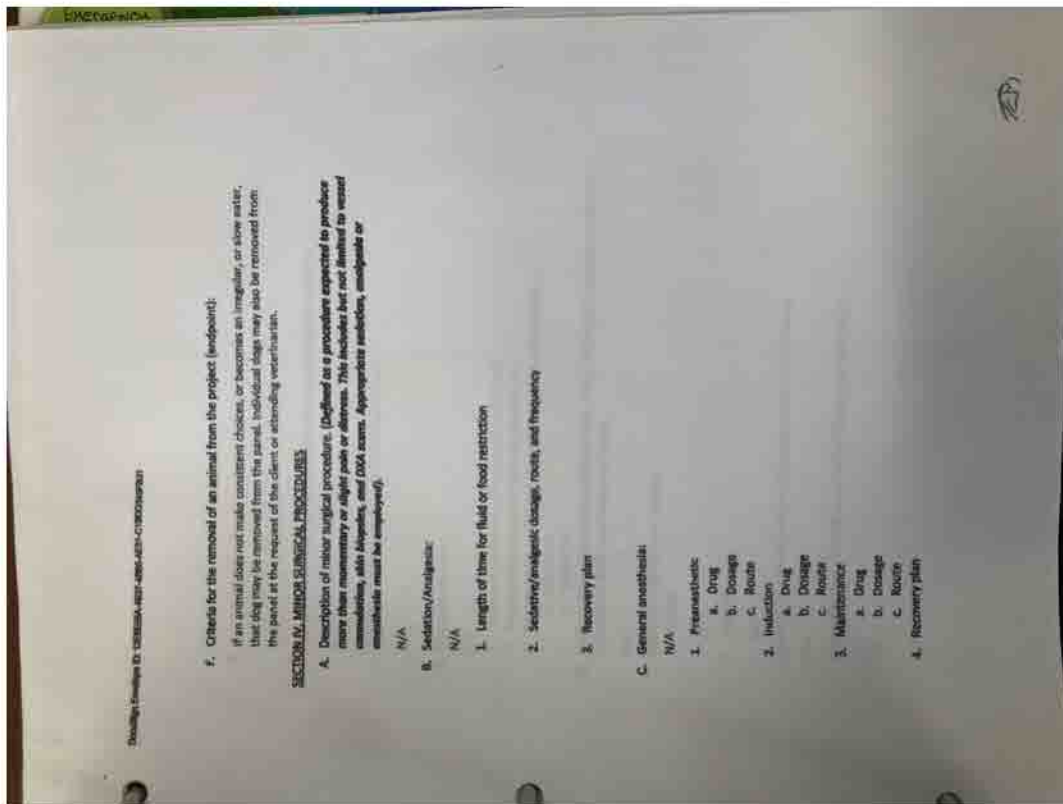
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(5)

Douglas Institute 63-138829A-4517-4681-4518-C-000048781

D. Name and qualification of individual(s) administering sedative, or analgesics, or anesthetic:  
N/A

E. Name and qualification of individual(s) performing the surgical procedure:  
N/A

F. Location where surgical procedure will be performed:  
N/A

G. Post-operative care:  
N/A

H. Method of obtaining specimens (blood, feces, urine) and frequency (include sample size in relation to total blood volume of animal):  
N/A

I. Analgesics  
a. Name and qualification of responsible individual(s)  
b. Antibiotics  
c. Post-operative restrictions (housing, exercise, etc.)  
d. Post-operative medications (agent, dosage, route, and frequency)  
N/A

J. Method and duration of restraint:  
1. Physical  
N/A  
2. Chemical  
N/A

K. Agents to be administered including dosage, route, and frequency:  
N/A

L. Criteria for the removal of an animal from the project (end point):  
N/A

CFR:2.31(e)(2)

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**Certificate:** 64-R-0102

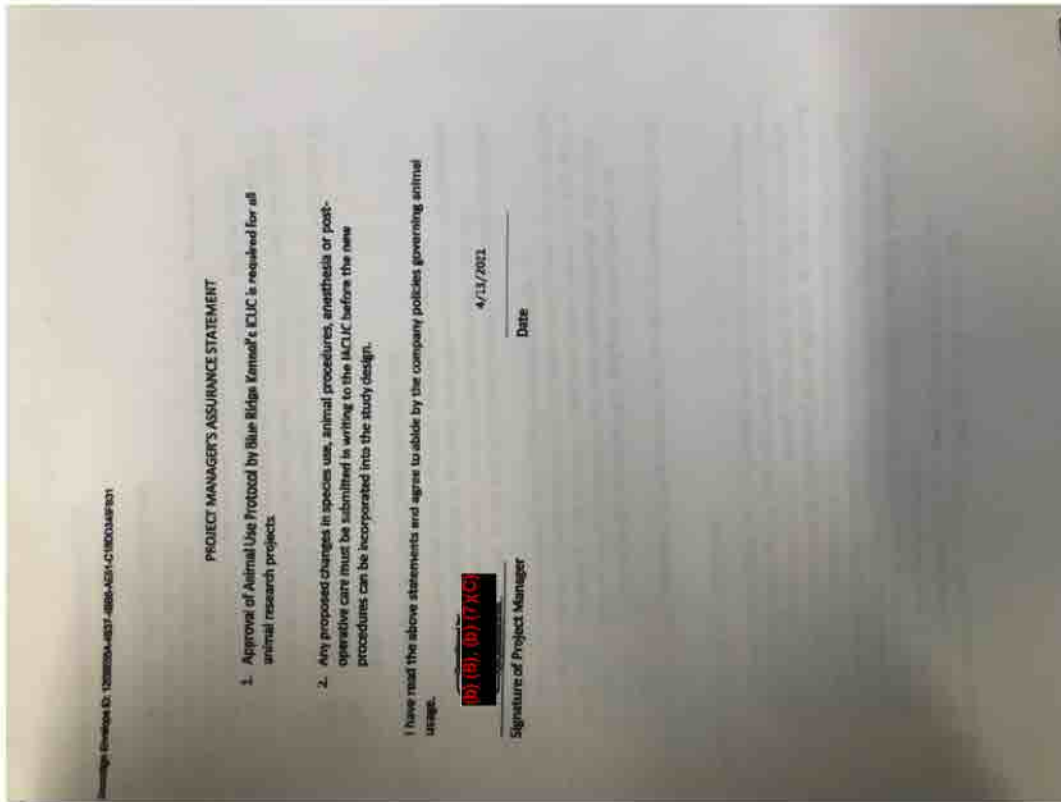
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**Legal Name:** BLUE RIDGE KENNEL

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**Facility Name:** BLUE RIDGE KENNEL

**Description:** The IACUC-approved protocol did not provide an adequate rationale for the appropriateness of the number of animals to be used.



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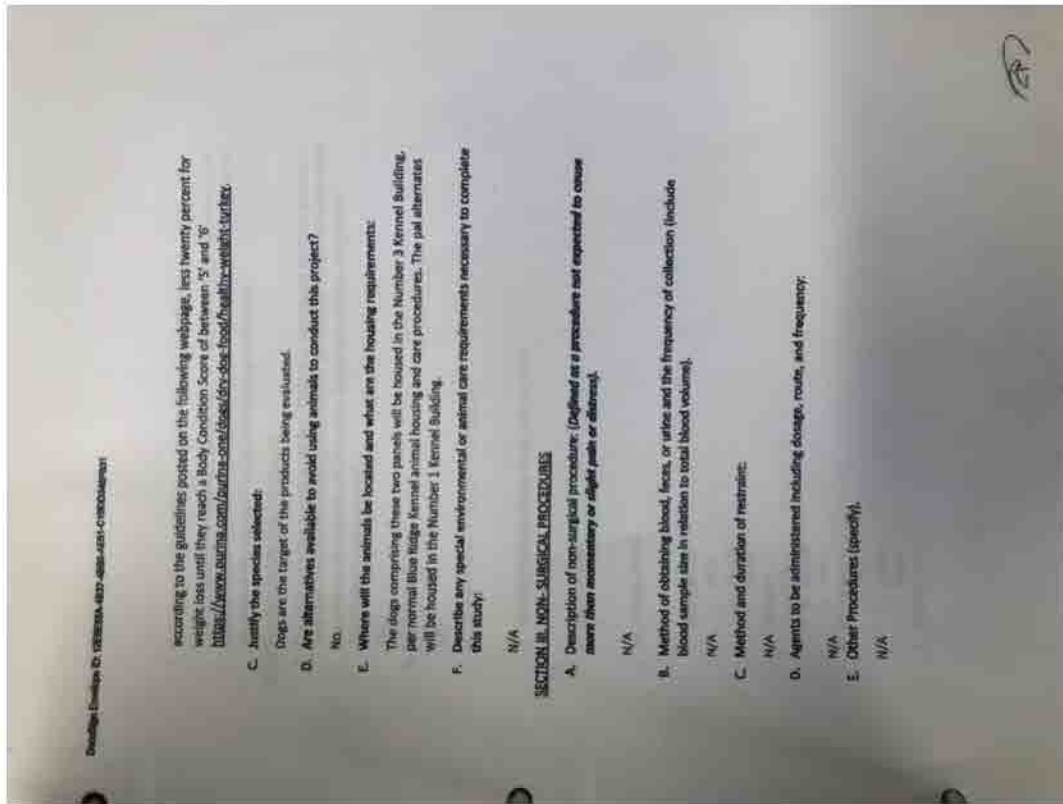
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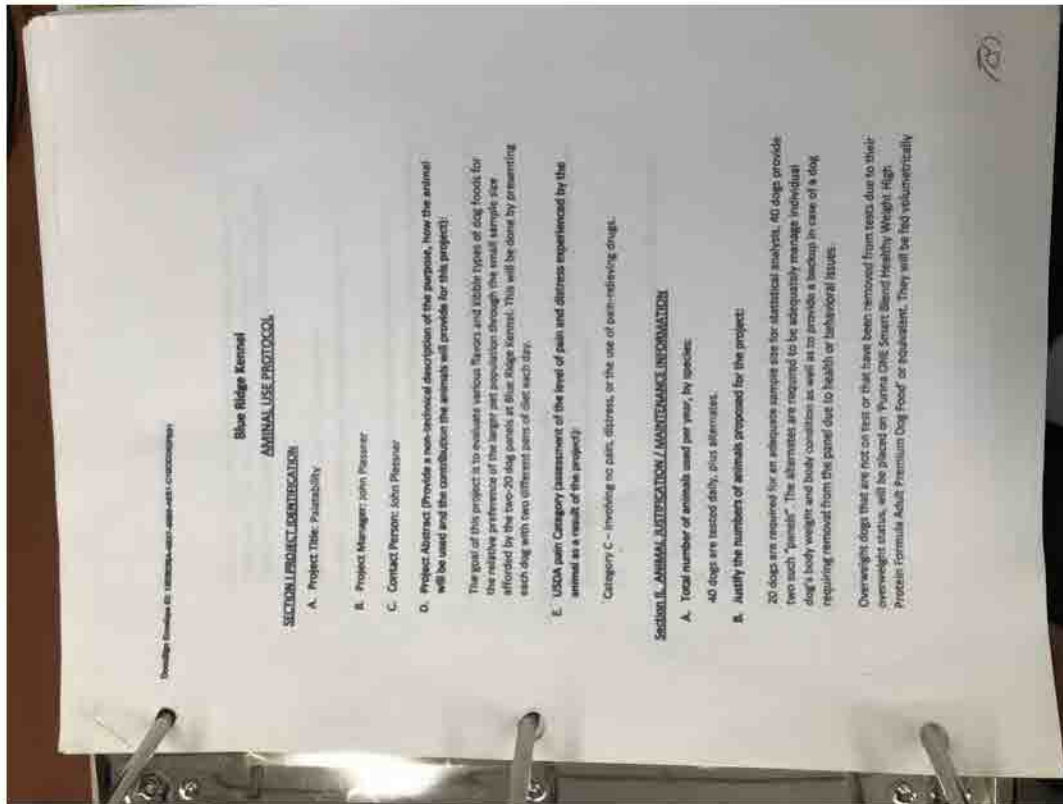
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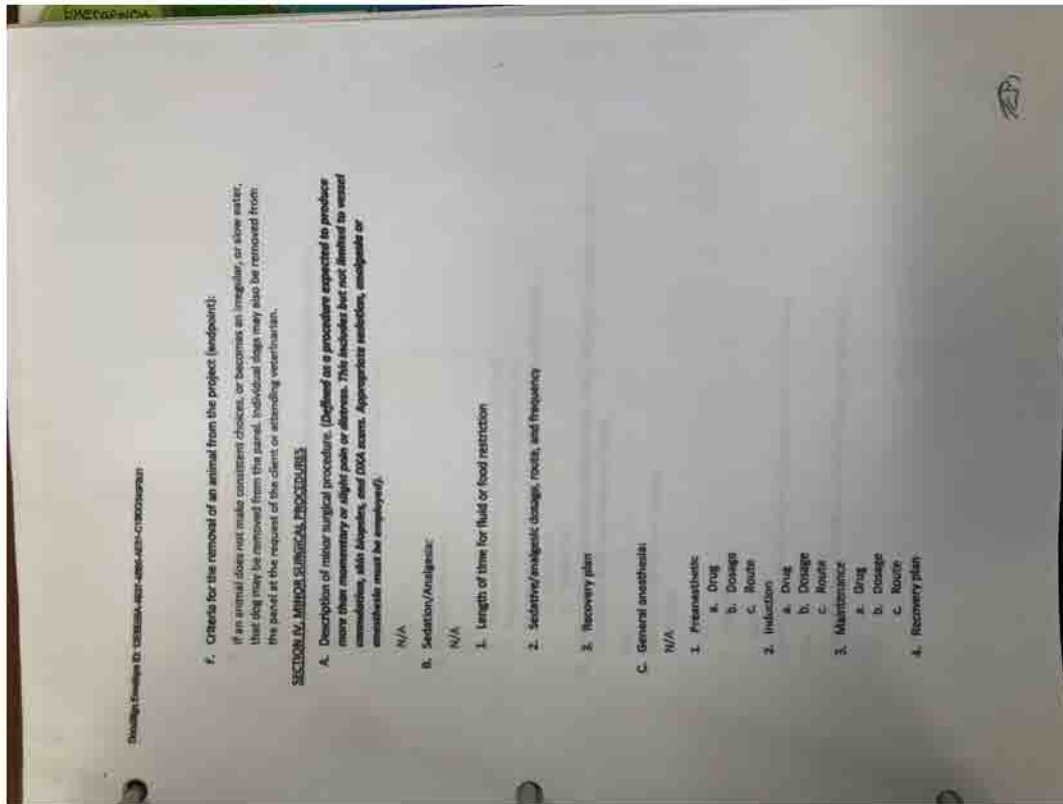
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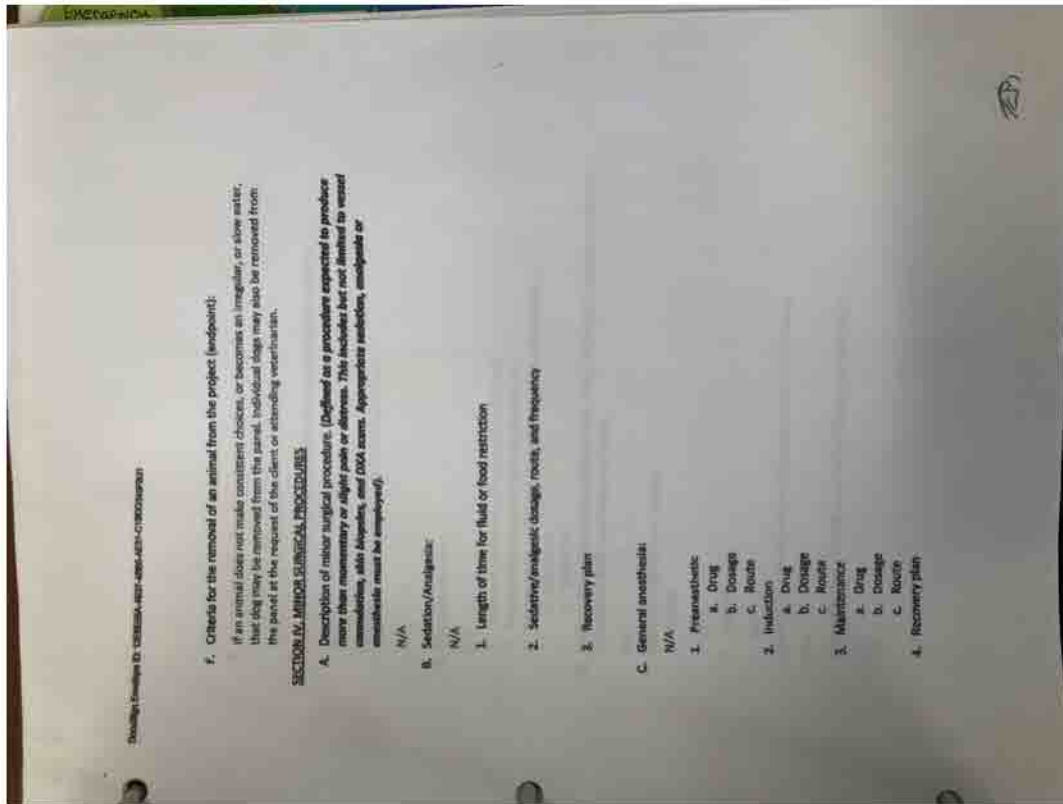
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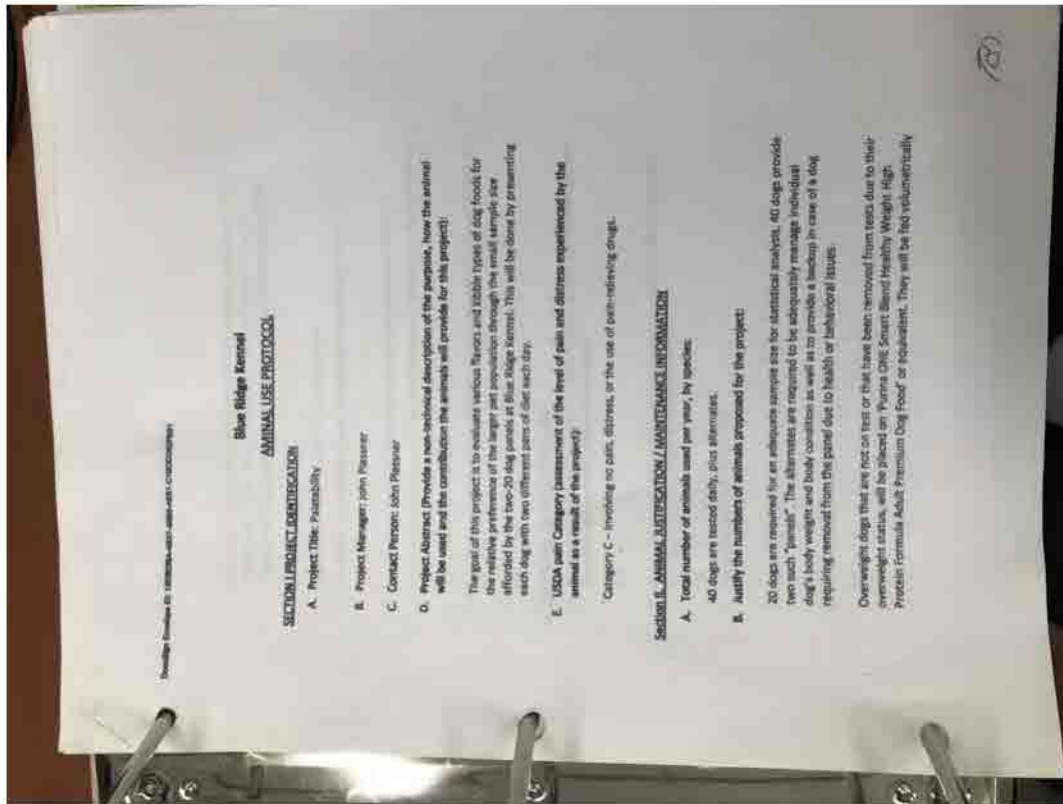
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**Description:** The IACUC-approved protocol that states a general goal for the study but did not provide a detailed description of how the study would be conducted.



CFR:2.31(e)(4)

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N/A

E. Name and qualification of individual(s) performing the surgical procedure:  
N/A

F. Location where surgical procedure will be performed:  
N/A

G. Post-operative care:  
N/A

H. Method of obtaining specimens (blood, feces, urine) and frequency (include sample size in relation to total blood volume of animal):  
N/A

I. Analgesics  
a. Antibiotics  
b. Antidotes  
N/A

J. Method and duration of restraint:  
1. Physical  
N/A  
2. Chemical  
N/A

K. Agents to be administered including dosage, route, and frequency:  
N/A

L. Criteria for the removal of an animal from the project (end point):  
N/A

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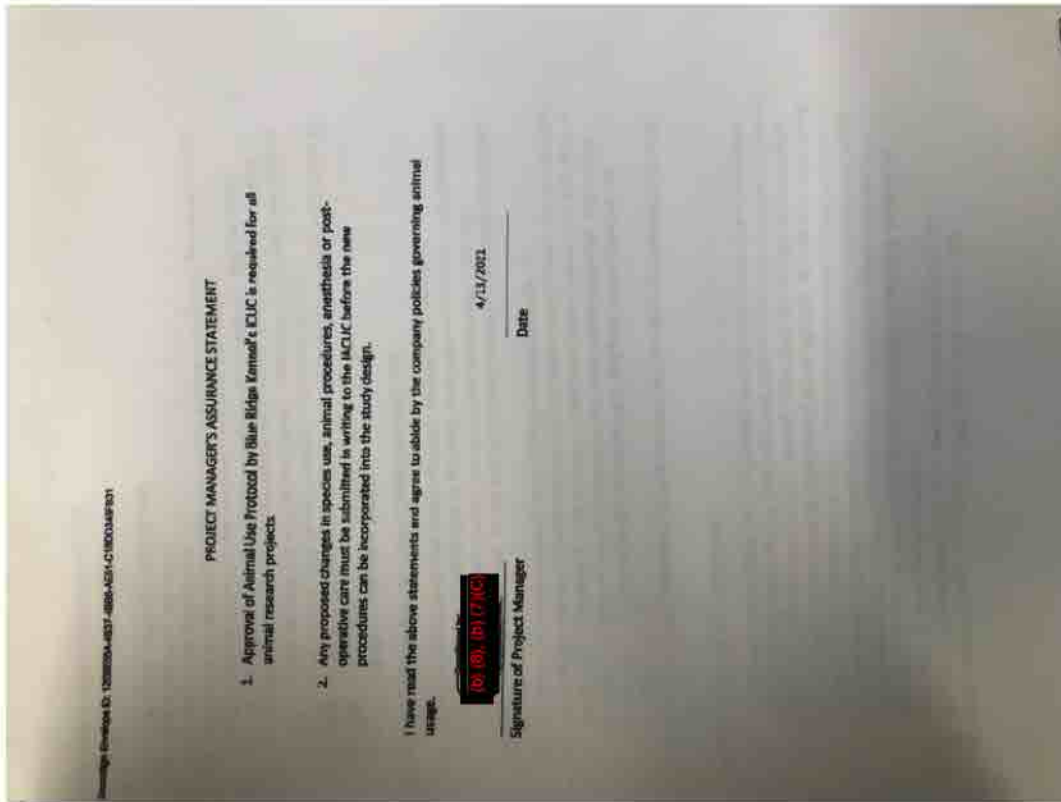
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**Description:** The Redbone Coonhound (Microchip # 98102003968162 ) that was thin in appearance.

Animal Welfare Inspection Report

Animal Name: Blue Ridge Kennel Facility Name: Blue Ridge Kennel

Inspection Date: 7/27/2022 Time: 1:00 PM

Inspector: Stephanie Mayard

Animal ID: 956000004042894

Animal Species: Labrador Retriever

Animal Age: 1.5

Animal Sex: Female

Animal Color: Black

Animal Breed: Labrador Retriever

Animal Microchip: 956000004042894

Animal Description: The black female Labrador Retriever (Microchip # 956000004042894 )with thickened ears extending into the ear canal.

Animal Health: Good

Animal Behavior: Good

Animal Housing: Good

Animal Feeding: Good

Animal Water: Good

Animal Exercise: Good

Animal Socialization: Good

Animal Training: Good

Animal Grooming: Good

Animal Care: Good

Animal Welfare: Good

Animal Inspection: Good

Animal Report: Good

Animal Summary: Good

Animal Conclusion: Good

Animal Signature: Stephanie Mayard

Animal Date: 7/27/2022

Animal Time: 1:00 PM

Animal Location: Blue Ridge Kennel

Animal Contact: Blue Ridge Kennel

Animal Address: Blue Ridge Kennel

Animal City: Blue Ridge Kennel

Animal State: Blue Ridge Kennel

Animal Zip: Blue Ridge Kennel

Animal Phone: Blue Ridge Kennel

Animal Email: Blue Ridge Kennel

Animal Website: Blue Ridge Kennel

Animal Social Media: Blue Ridge Kennel

Animal Other: Blue Ridge Kennel

Animal Notes: Blue Ridge Kennel

Animal Comments: Blue Ridge Kennel

Animal Observations: Blue Ridge Kennel

Animal Recommendations: Blue Ridge Kennel

Animal Follow-up: Blue Ridge Kennel

Animal Review: Blue Ridge Kennel

Animal Approval: Blue Ridge Kennel

Animal Disapproval: Blue Ridge Kennel

Animal Action: Blue Ridge Kennel

Animal Outcome: Blue Ridge Kennel

Animal Status: Blue Ridge Kennel

Animal Final: Blue Ridge Kennel

Animal End: Blue Ridge Kennel

CFR:2.33(b)(2)

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**Inspection No:** 2016090000807048

**Facility Name:** BLUE RIDGE KENNEL

**Description:** The black female Labrador Retriever (Microchip # 956000004042894 )with thickened ears extending into the ear canal.



CFR:2.33(b)(2)

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**Inspection No:** 2016090000807048

**Facility Name:** BLUE RIDGE KENNEL

**Description:** The yellow male Labrador Retriever ( Microchip # 985112004242042) that had dropped hips and struggled to stand.





CFR:2.33(b)(2)

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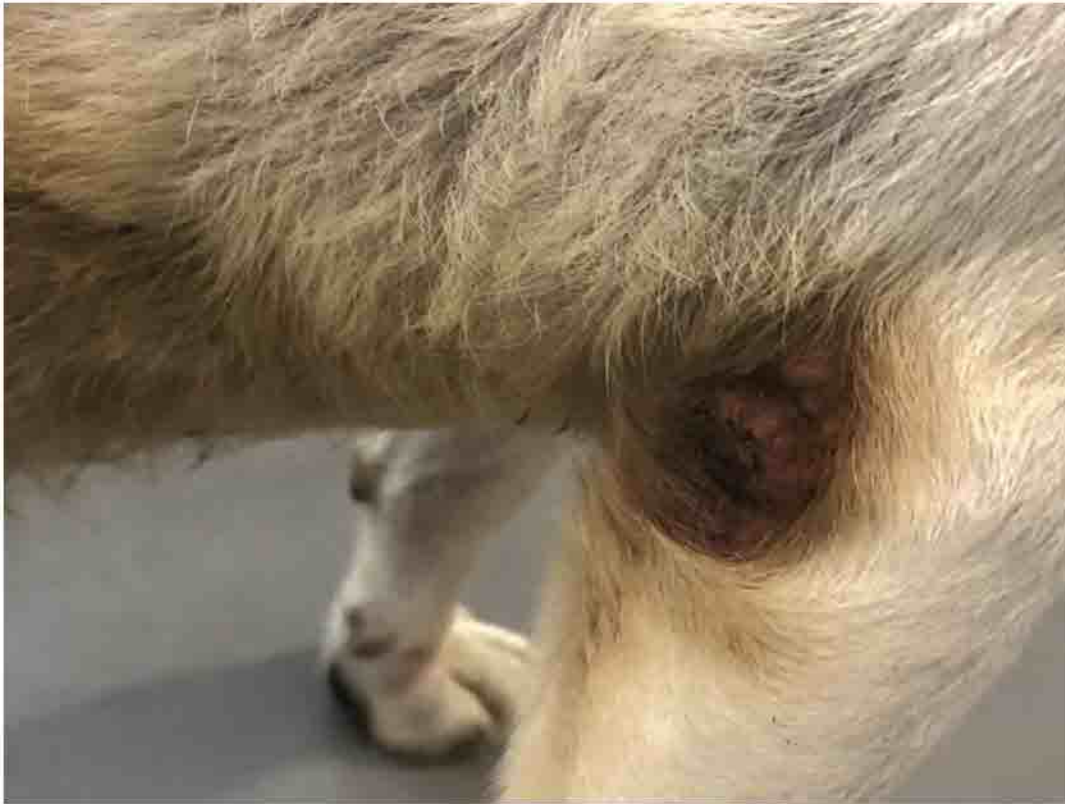
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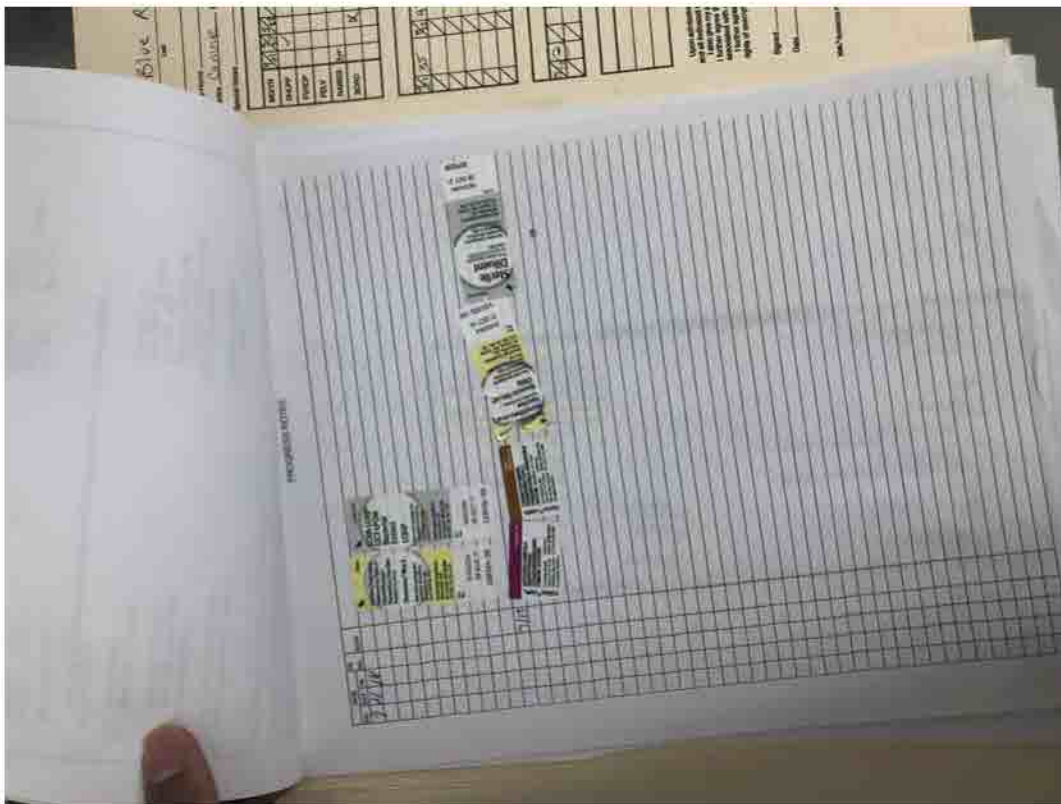
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CFR:3.13(b)(2)

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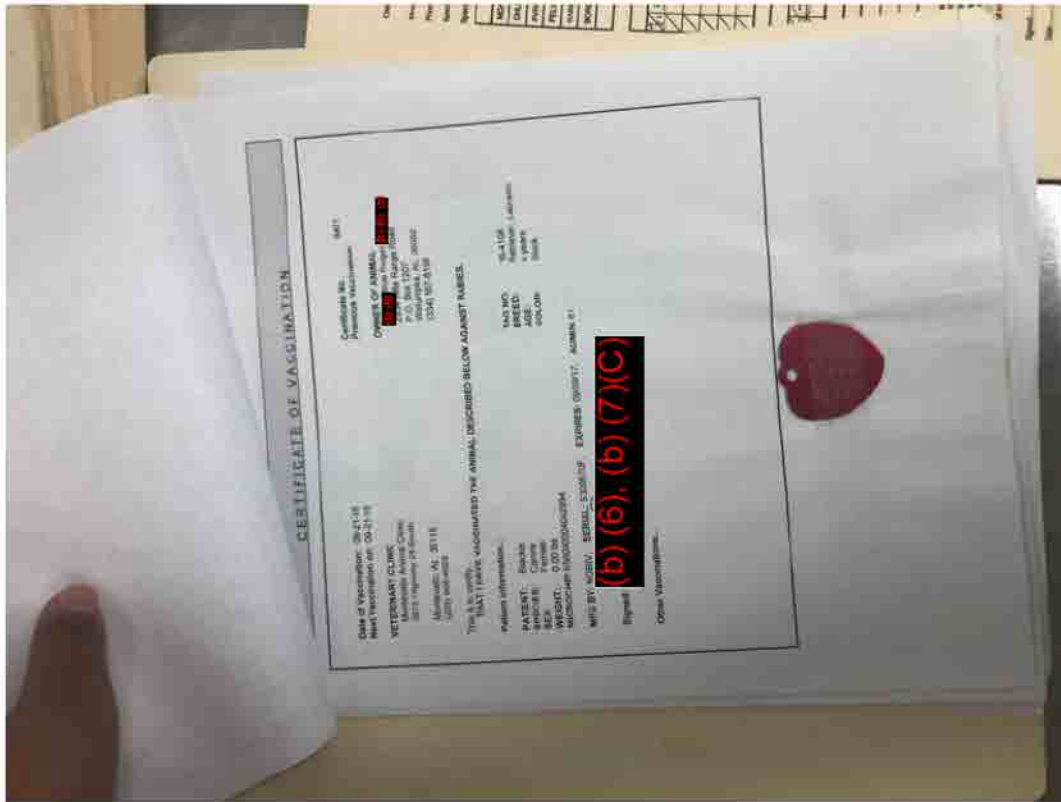
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**Description:** The medical records were incomplete, not including the current ailments of 6 dogs at the facility.





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(b) (6), (b) (7)(C)  
 Date: \_\_\_\_\_  
 Signed: \_\_\_\_\_  
 Printed: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Species: \_\_\_\_\_  
 Breed: \_\_\_\_\_  
 Sex: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Weight: \_\_\_\_\_  
 Height: \_\_\_\_\_  
 Color: \_\_\_\_\_  
 Markings: \_\_\_\_\_  
 Microchip: \_\_\_\_\_  
 Spay/Neuter: \_\_\_\_\_  
 Vaccination: \_\_\_\_\_  
 Heartworm Test: \_\_\_\_\_  
 Heartworm Prevention: \_\_\_\_\_  
 Signed: \_\_\_\_\_  
 Date: \_\_\_\_\_

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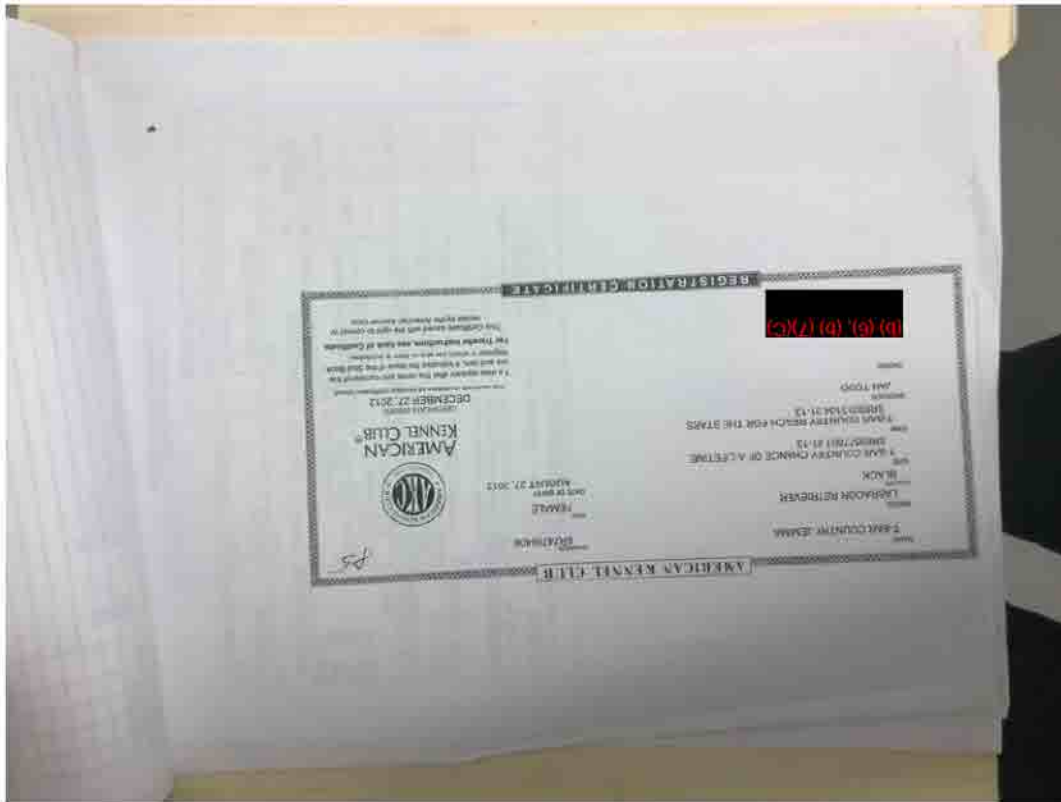


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Obtained by Rise for Animals.  
 Uploaded to Animal Research Laboratory Overview (ARLO) on 09/23/2022



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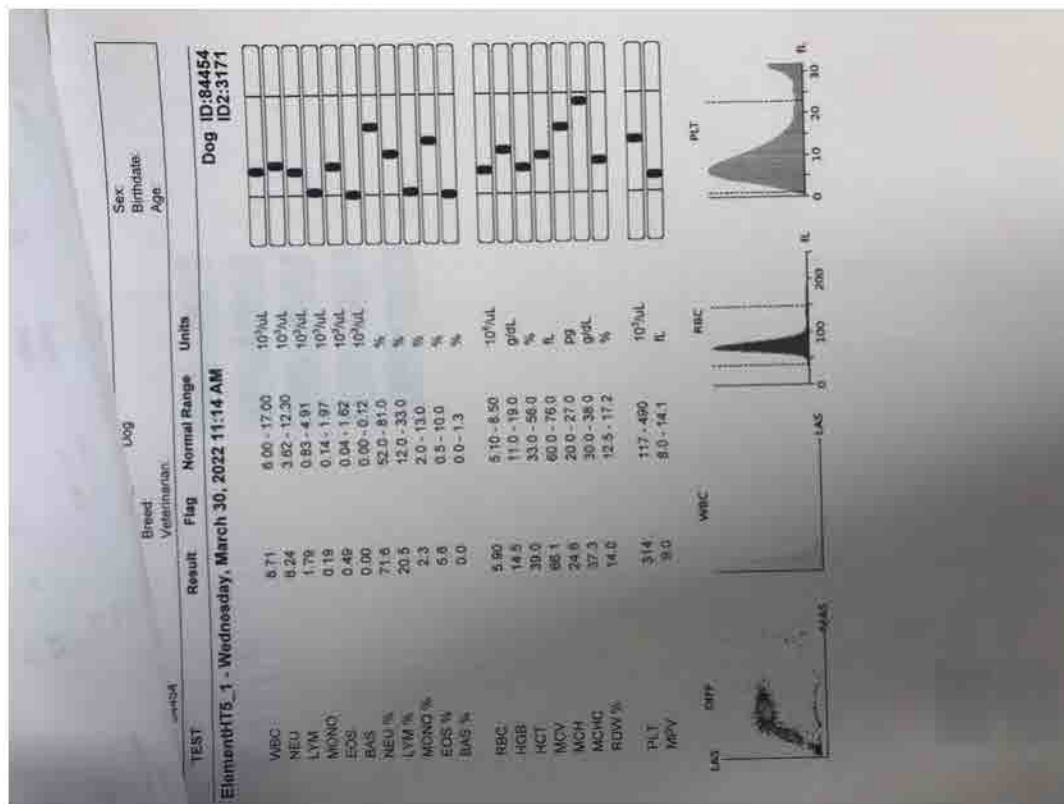
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TEST	Result	Flag	Normal Range	Units
<b>Chemistry (DRI-CHEM) - Wednesday, March 30, 2022 12:16 PM</b>				
BUN	10.2		9.0 - 29.0	mg/dl
Creatinine	0.6		0.4 - 1.4	mg/dl
BUN/Creat Ratio	17.0			
Total Protein	7.8	H	5.5 - 7.6	g/dl
Glucose	97		75 - 125	mg/dl
ALT (GPT)	28		0 - 120	U/L
ALP	53		0 - 140	U/L

Species/Breed/Veterinarian	Dog	Sex	Birthdate	Age

Dog ID: 84454  
ID: 3171

CFR:3.13(b)(2)

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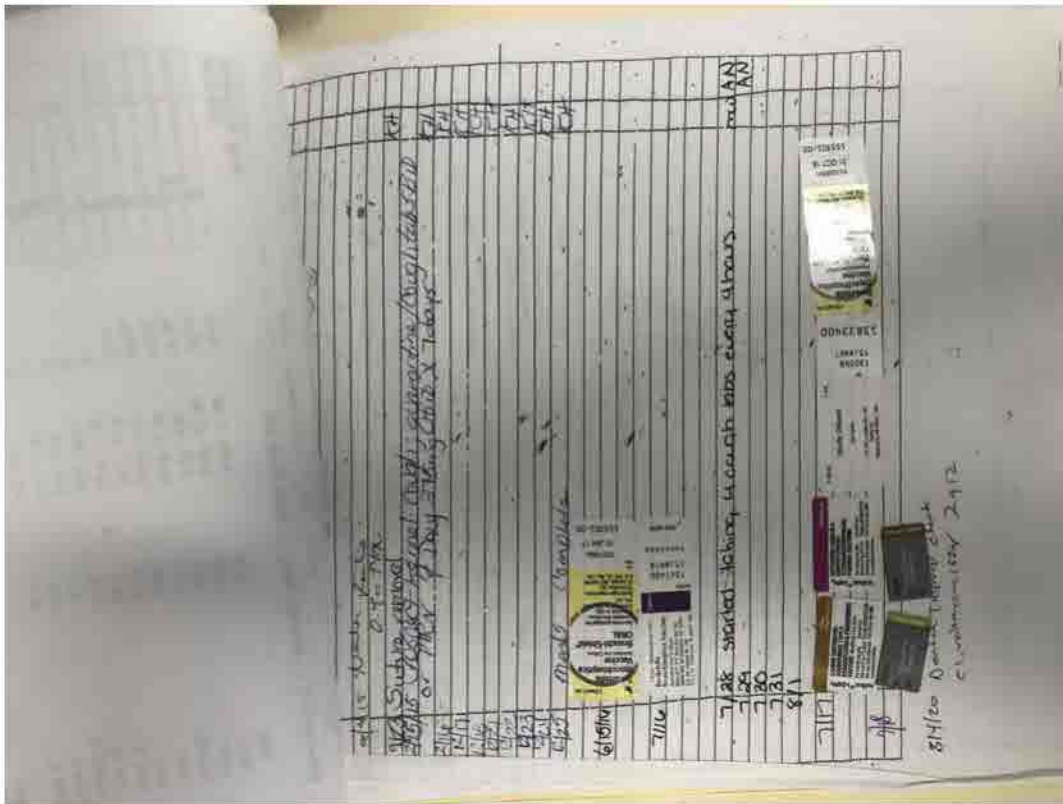
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 Uploaded to Animal Research Laboratory Overview (ARLO) on 09/23/2022

**CERTIFICATE OF VACCINATION**

<p>Date of Vaccination: 06-16-14 Next Vaccination on: 06-17-17</p> <p><b>VETERINARY CLINIC</b> Molokini Animal Clinic 9812 Highway 95 South Molokini, AL 35115 (205) 865-4625</p>	<p>Certificate No. 199 Previous Vaccination:</p> <p><b>OWNER OF ANIMAL</b> Blue Ridge Kennel 2225 11th Range Road P.O. Box 1227 Weherville, AL 36692 (254) 367-8165</p>
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This is to certify...  
THAT I HAVE VACCINATED THE ANIMAL DESCRIBED BELOW AGAINST RABIES

<p><b>Patient Information...</b></p> <p>PATIENT: Cotton 199 BREED: Labrador SEX: Female WEIGHT: 0.05 lbs MICROCHIP:</p>	<p>TAG NO: 14-3743 BREED: Retriever AGE: 3 years COLOR: Cream</p>
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MFV BY: NOBIV SERIAL: SN0070P EXPIRES: 09/16/15 ADMIN: (b) (6), (b) (7)(C)

Signed: (b) (6), (b) (7)(C)

Other Vaccinations...

CFR:3.13(b)(2)

**Photographer:** Stephanie Mayard

**Certificate:** 64-R-0102

**Date and Time:** 7/27/2022 1:00 PM

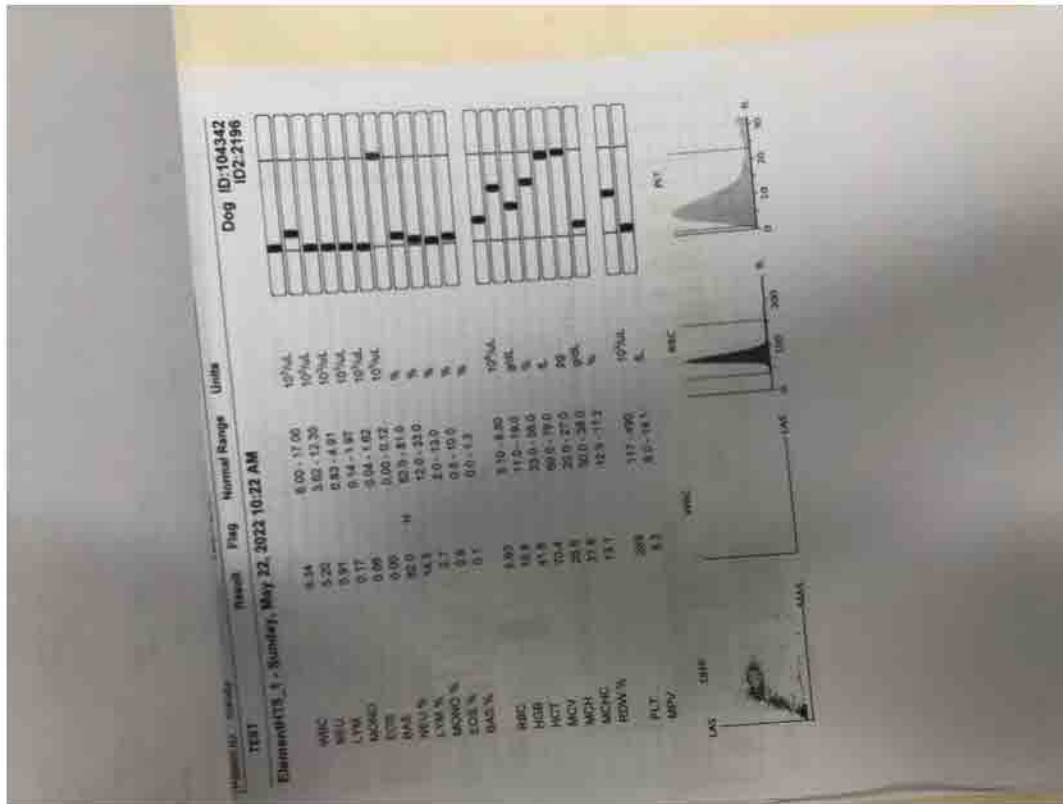
**Legal Name:** BLUE RIDGE KENNEL

**Inspection No:** 2016090000807048

**Facility Name:** BLUE RIDGE KENNEL

**Description:** The medical records were incomplete, not including the current ailments of 6 dogs at the facility.





CFR:3.13(b)(2)

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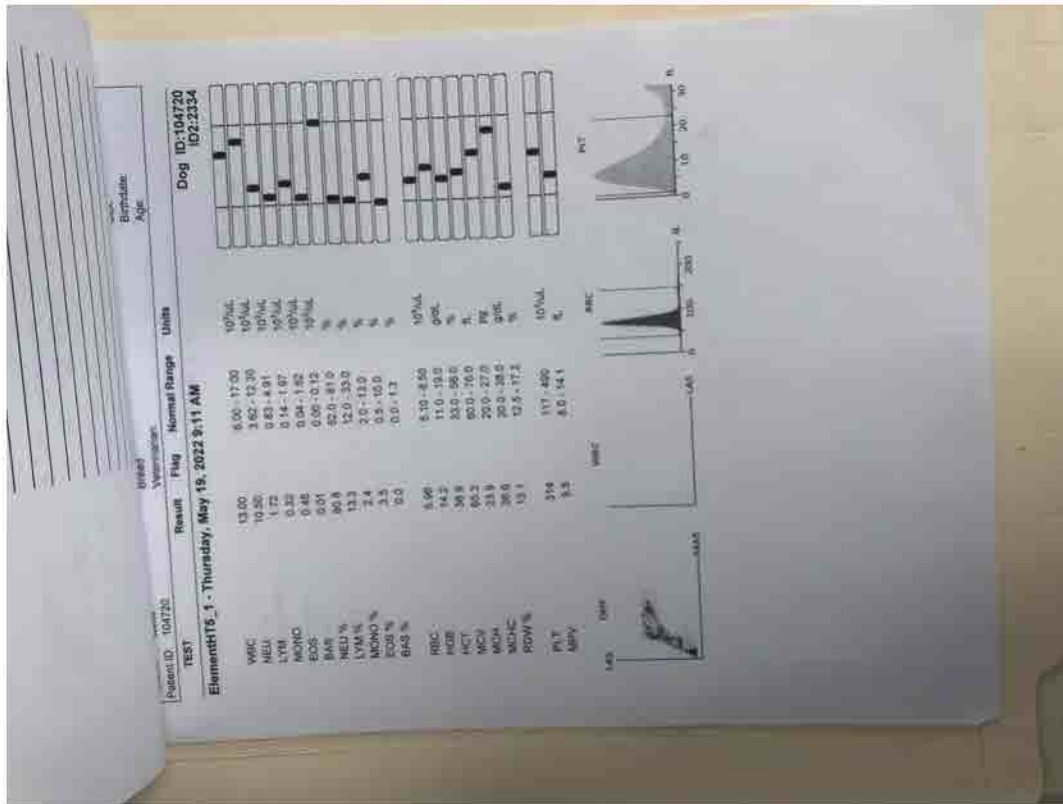
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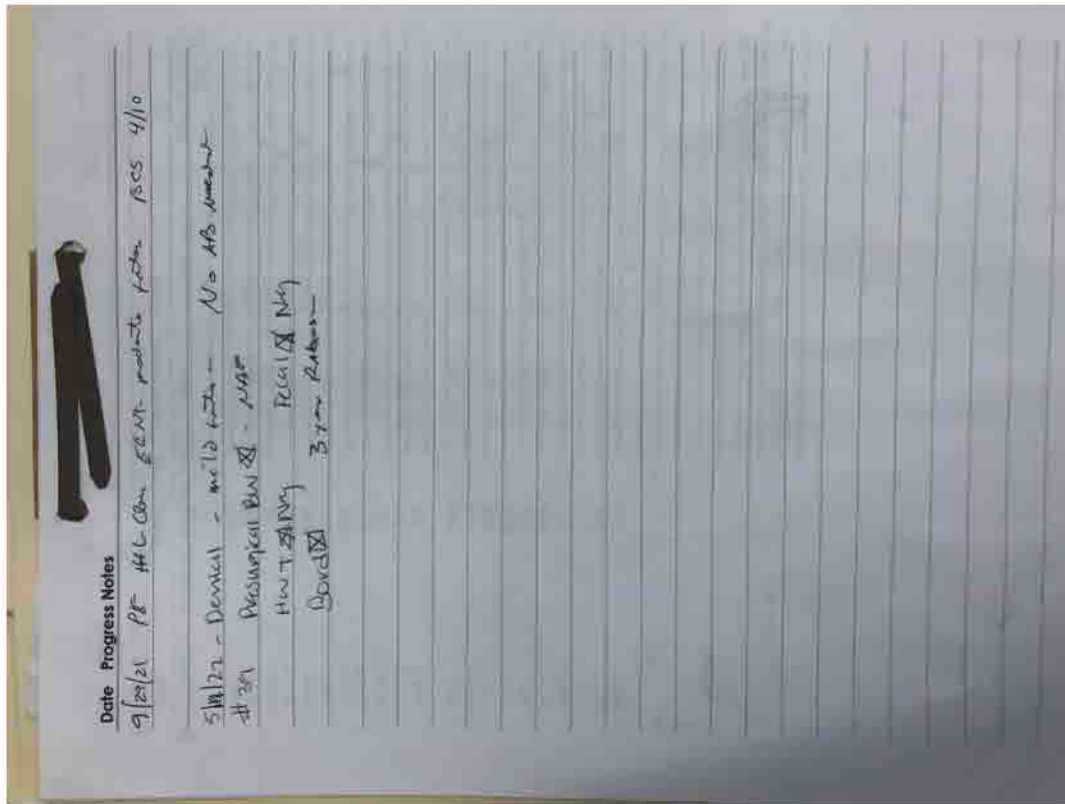
CFR:3.13(b)(2)

**Certificate: 64-R-0102**

**Legal Name:** BLUE RIDGE KENNEL

Facility Name: BLUE RIDGE KENNEL

**22-04816 000065**



CFR:3.13(b)(2)

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**CERTIFICATE OF VACCINATION**

Date of Rabies Vaccination: 05-27-21  
Next Rabies Vaccination Due: 05-27-22

Certification No. 0  
Prev. Rabies Vaccine

**OWNER/ANIMAL**  
[REDACTED]

**VETERINARY CLINIC**  
Walden Pond Animal Hospital  
431 N. P.O. Box 67  
Headland, AL 36345  
334-691-5543

This is to certify...

THAT I HAVE VACCINATED ABOVE LIST RABIES ANIMAL DESCRIBED BELOW.

Patient Information...

PATIENT: [REDACTED]  
SPECIES: Canine  
SEX: [REDACTED]  
Color and markings: Red

AGE: 10/08/21  
ASHT: 25.00  
5-11W

Signature: [REDACTED]  
Date: 05-27-21  
Vaccinations done: 05-27-21 CM Rabies Year #10281 05-27-22  
05-27-21 CM Rabies Year #10281 05-27-22  
05-27-21 CM Rabies Year #10281 05-27-22

Rabies Vaccine Information...

MEQ BY: [REDACTED]  
LOT EXP: [REDACTED]

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**Description:** The medical records were incomplete, not including the current ailments of 6 dogs at the facility.



Adoption Contract - Jul 02 2021

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

LESS Rescue Team  
 3433 La Country Club Rd PMH22  
 Valdosta, GA 31602  
 Tel: 912 912 9122  
 adoption@lessrescue.com

Pearl's Information

DOB	11/11/2017	Age	4M / 4D (see 10 month)
Sex	Female	Color	Black
Species	Dog	Size	Medium (20-30 lbs)
Breed	Border Collie	Chip Type	Microchip
Adoption Fee	\$100	Adoption Fee	\$100

CFR:3.13(b)(2)

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**Facility Name:** BLUE RIDGE KENNEL

**Description:** The medical records were incomplete, not including the current ailments of 6 dogs at the facility.

Patient ID: 104713	Breed: Mix	Sex: F
	Veterinarian:	Birthdate:
	Flag	Age:

TEST	Result	Flag	Normal Range	Units
<b>Chemistry (DRI-CHEM) - Thursday, May 26, 2022 11:19 AM</b>				
BUN	18.0		9.0 - 29.0	mg/dl
Creatinine	0.7		0.4 - 1.4	mg/dl
BUN/Creat Ratio	25.7			
Total Protein	5.8		5.5 - 7.6	g/dl
Glucose	119		75 - 125	mg/dl
ALT (GPT)	42		0 - 120	U/L
ALP	61		0 - 140	U/L

Dog ID: 104713	Birthdate:
ID: 2322	Age:

CFR:3.13(b)(2)

**Photographer:** Stephanie Mayard

**Certificate:** 64-R-0102

**Date and Time:** 7/27/2022 1:00 PM

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**Description:** The medical records were incomplete, not including the current ailments of 6 dogs at the facility.







DATE			INL NO.	SOUP
MO	DAY	YR		
5	24	22		
HAX				
Dental - Presumptive rabies Histology 5-10-22 Fecal 8-10-22 Blood Blood				

CFR:3.13(b)(2)

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**Description:** The medical records were incomplete, not including the current ailments of 6 dogs at the facility.



Owner: Blue Ridge Kennel Phone:                      Email: Rayton

Street:                      City:                      State:                      Zip:                     

Phone Home:                      Work:                      Cell:                     

Special: C Ash Breed: Armed Red Bone Date: 2-17-21 Owner: Red Bone

Special Notes:                     

IMMUNIZATION	
MOYR	21
DALPP	21
PNCP	21
RELV	21
RAIBS	16 <sup>A</sup>
BOED	26

WEIGHT (MOYR - #)	
21	56.2
26	44.5

HEARTWORM TEST / FLEA/TY COMBO TEST	
21	21

HEARTWORM PREVENTION (MOYR - #)	
21	21

I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct copy of the medical records of the above named animal, as the same appear in the files of the above named facility, and that the same were reviewed and verified by me, the undersigned, on the date hereon written.

Signature:                      Date:                     

CFR:3.13(b)(2)

Photographer: Stephanie Mayard

Certificate: 64-R-0102

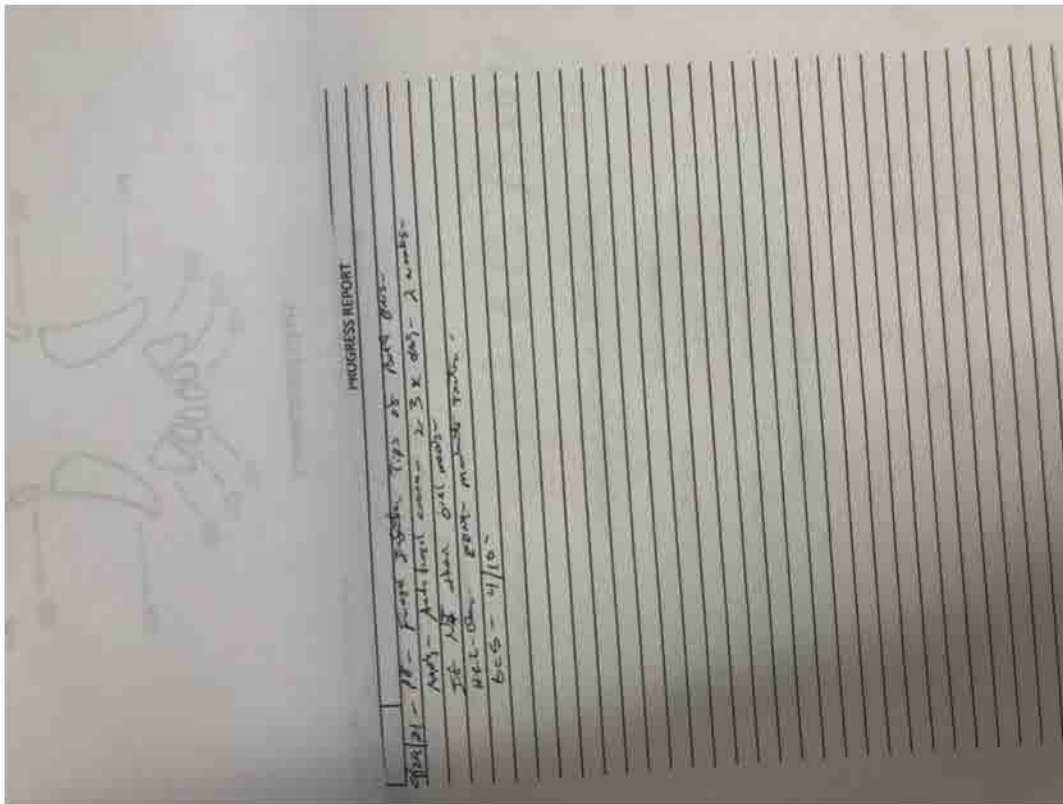
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(b) (6), (b) (7)(C)

Adopter's Signature \_\_\_\_\_

Date Signed Jul 02 2021

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

Adoption Contract - Jul 02 2021

USA Rescue Team  
 3338-Lt Country Club Rd PMB272  
 Valdosta, GA 31602  
 Tel: 904 608-  
 adoption@usarescueteam.org

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

Peyton's Information

ID	USCK A-2704	Age	1	DOB (dd-mm-yyyy)	01-11-2021
Name	Peyton	Colors	2	Sex	Female
Species	Dog	Size	1	Serial (1-1000)	1
Sex	Female	Chip type	2	Polish / Damages	
Weight(s)	10.5kg	Microchip	1	Microchip number	9012000000000000000
Adoption Fee	\$150				

CFR:3.13(b)(2)

**Photographer:** Stephanie Mayard

**Certificate:** 64-R-0102

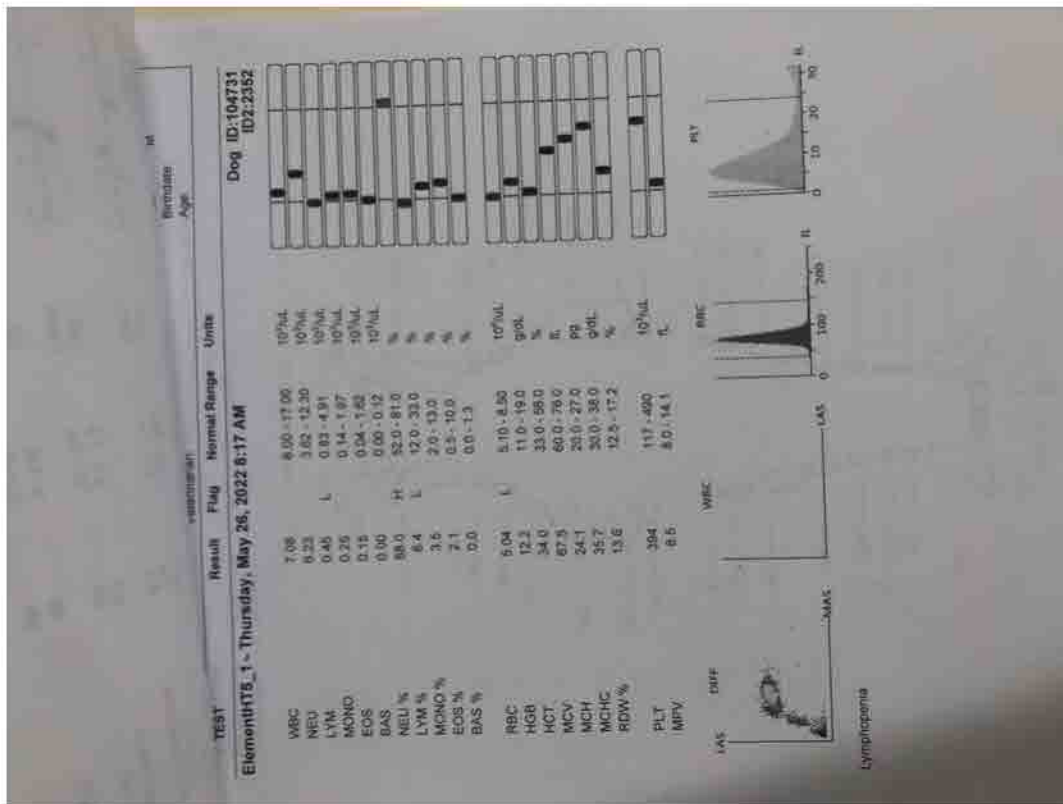
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**Description:** The medical records were incomplete, not including the current ailments of 6 dogs at the facility.

Veterinarian				Birthdate	Age
TEST	Result	Flag	Normal Range	Units	
Chemistry (DRI-CHEM) - Thursday, May 26, 2022 9:33 AM					
BUN	22.1		8.0 - 29.0	mg/dl	Dog ID:10102
Creatinine	0.6		0.4 - 1.4	mg/dl	
BUN/Creat Ratio	36.8				
Total Protein	6.0		5.5 - 7.6	g/dl	
Glucose	90		75 - 125	mg/dl	
ALT (GPT)	40		0 - 120	U/L	
ALP	69		0 - 140	U/L	

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