

FL0400000		Gang Related	2	OFFENSE-INCIDENT REPORT										File ort: N	Juvenile Warn/Dismiss:	1. Original 2. Supplement: 1																																																					
Date of Supplement / /		MADISON CO SHERIFF'S OFFICE										Age Report Number 12-09-0260		Primary Offense Description ANIMAL CRUELTY																																																							
EVENT DATA	Original Day Reported Tue		Date 09/06/2011		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																																																										
	Incident Type 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident Day From Tue		Date 09/06/2011		Time (mil)		Day To Thu		Date 02/16/2012		Time (mil)																																																				
	OFF/INC #1		Type 3		Description ANIMAL CRUELTY		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub 828 - 13 ()		NCIC/UCR Code 9000																																																								
	OFF/INC #2						A-Attempted C-Committed						()																																																								
	Incident Location (Street Number, Street, Apt.) 711 BENCHMARK DRIVE										City LEE		Zip 32059		District		Grid		Area C835		Zone																																																
	Business Name/Area Identifier CABOODLE RANCH										Forced Entry 0. N/A 1. Yes		2. No 0		Occupancy 0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		1																																																		
	Location Type 01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel 05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure 25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle 30. Other Mobile 99. Other										99																																																										
	# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon 00. N/A 01. Handgun		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other		00																																														
	01		01		01		00		00																																																												
	CODES	V/W Code V - Victim W - Witness C - Reporting Person		O - Other		Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		Race N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		Sex N - N/A M - Male F - Female U - Unknown		Residence Type 0. N/A 1. City 2. County		3. Florida 4. Out-of-State		Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal																																															
Injury Type 00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger		03. Spouse 04. Ex-Spouse 05. Co-Habitant		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent		10. Step-Child 11. In-Law 12. Other Family 13. Student		14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend		17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee		21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known																																																			
OFF/INC Indicator 1.#1 3.Both 2.#2		V/W Code 1 V		# 01		V. Type 5		Name (Last, First, Middle or Business) STATE OF FLORIDA		City		State FL		Zip 32059		Residence Phone 000 000-0000		Business Phone 000 000-0000																																																			
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement VICTIM																																																											
If V/W Code Is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>																																													
OFF/INC Indicator 1.#1 3.Both 2.#2		V/W Code 1 V		# 01		V. Type 5		Name (Last, First, Middle or Business) STATE OF FLORIDA		City		State FL		Zip 32059		Residence Phone 000 000-0000		Business Phone 000 000-0000																																																			
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement VICTIM																																																											
If V/W Code Is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>																																													
OFF/INC Indicator 1.#1 3.Both 2.#2		V/W Code 1 V		# 01		V. Type 5		Name (Last, First, Middle or Business) STATE OF FLORIDA		City		State FL		Zip 32059		Residence Phone 000 000-0000		Business Phone 000 000-0000																																																			
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement VICTIM																																																											
SUSPECT	OFF/INC Indicator 1.#1 3.Both 2.#2		Suspect Code S-Suspect E-Escapee A-Arrestee M-Missing Z-other		Code S		Susp.# 01		Juvenile 2		Name (Last, First, Middle) CRAIG		A		Place of Birth RHODE ISLAND		Residence Phone 000 000-0000		Business Phone 000 000-0000		Social Security Number [REDACTED]																																																
	Maiden Name										Nickname/Street Name										City LEE		State FL		Zip 32059		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																																				
	Last Known Address (Street, Apt. Number) 711 BENCHMARK DRIVE										City LEE										State FL		Zip 32059		Occupation		Employer/School		Address																																								
	Clothing (Describe)										Scars/Marks/Tatoos (Location/Describe)																																																										
	Race W		Sex M		Date of Birth 04/05/1948		Age 63		Height 511		Weight 160		Eye Color BRO		Hair Color GRY		Hair Length S		Hair Style S																																																		
	Complexion LT		Build MED		Facial Hair M		Teeth		Speech/Voice		Special Identifiers																																																										
	Information was received from an individual identified as CI 1227 in reference to felines being neglected at the Caboodle Ranch under the direction of Craig Grant. According to an affidavit prepared by CI 1227, CI 1227 began volunteering at the Caboodle Ranch, Inc. on the 6th of September 2011 due to the advertisement as a "cat rescue sanctuary" during the hours of 10:30am to 04:00pm in which felines/areas were documented through photography and video recordings pertaining to observations during this period. During the time as a volunteer, a feline, Lilly (black and white), was observed with an injury to right eye. Lilly's health began to deteriorate on the 17th of September, 2011 (cont)																																																																				
	Person/Unit Notified										Time										Related Report Number(s)										Name of Officer Reporting INV TINA DEMOTISIS										I.D. Number/Locator Code MC9/184																												
	Signature of Officer Reporting										Officer Reviewing (If Applicable)										I.D. Number										Unit										Date 02/16/2012																												
	Signature of Officer Reviewing										Routed To										Referred To										Assigned To										By										Date / /																		
Case Status CF										Clearance Type										1.Arrest 2.Exceptional 3.Unfounded										A-Adult J-Juvenile A										Date Cleared / /										Jail Number										Number Arrested									
Exception Type 1.Extradition Declined										2. Arrest on Primary Offense Secondary Offense Without Prosecution										3. Death of Offender 4. V / W Refused to Cooperate										5. Prosecution Declined 6. Juvenile/No Custody										OBTS Number										Page 1 of 2																			

NARRATIVE CONTINUATION

1. Offense 2. Arrest	1	Juvenile Warn/Dismiss	1	1. Original 2. Supplement	1
Agency ORI Number FLO400000			Agency Report Number 12-09-0260		

ADM	Date of Supplement / /	MADISON CO SHERIFF'S OFFICE
	Original Date Reported 09/06/2011	
	Case Reference ANIMAL CRUELTY	

NARRATIVE

until the demise of Lilly on the 31st of January 2012 in the custody of Craig Grant. According to the statement, Mr. Grant denied the feline "veterinary examination and care repeatedly refused suggestions that Lilly receive veterinary care as well as offers to drive the cat to Madison Veterinary Clinic for treatment and take custody of Lilly to provide the cat with veterinary examination and care" (see statement for detailed account of injuries).

On the 28th of November, the observation of the decline in health of a brown in color tabby whom Grant advised on the 1st of December, had succumbed to injuries. It appeared the feline was denied veterinary care and "ignored repeated expressions of concern for the cat's dire condition". On November 28th, this feline (brown tabby) was "found lying on a floor at the Caboodle; the cat was cold, unresponsive to touch, had green discharge oozing from the nose, and was breathing from his or her mouth". A request to transport the feline to the Madison Veterinary Clinic was expressed but Grant removed the animal "wiped a Clorox wipe cloth across the cat's nose and near or on his or her eyes". Grant advised he (Grant) had been treating the feline with Clavamox and "doxy" and ignored repeated expressions of concern (see statement for detailed account).

On the 5th of November 2011, a grey in color feline, Grey, was observed with a severely injured right eye in which decline in health began on the same date in which Grant allegedly denied veterinary examination and care for approximately two (2) months prior. On the 12th of December, Grey's health had not improved remaining severe in which it (condition) was brought to Grant's attention but was advised of placing medication within the possibly infected eye, it appears no medication was prescribed. On the 17th of December, Grant advised to crate Grey "out of plain view" in which it appears to be out of the view of visitors to the area. On the 28th of December, Dr. Lewis (Madison Veterinary Clinic) visited the area in which Dr. Lewis advised of removal of the eye due to "ocular ulcer related to an upper respiratory infection had ruptured". Grey was transported to the Veterinary Clinic on the 29th but later located on the 31st of December in a kennel with another feline who was "growling and swiping at Grey's face". Grey was allowed to be removed but was later found outside with small insects around the sutured eye. On the 26th of January, it appears the sutures had been removed but Grey remained in a similarly severe condition (see statement for detailed observations).

On the 15th of December, Duchess, a white in color feline, whose left eye was severely injured was documented. On the 17th of December, Duchess along with several other felines were placed in the "sick ward trailer" to "hide" from visitors and to administer Terramycin. On the 29th, Duchess was transported to the Madison Veterinary Clinic due to the "prior owner was coming to Caboodle on December 31 to reclaim her (Duchess) but might not be able to reclaim Duchess given the recent surgery". On the 16th of December, Duchess was not reclaimed by the previous owner but placed in a crate with two (2) kittens breathing with audible congestion. After the removal of the eye, Grant denied the request for assistance in veterinary care. On the 4th of February, the "left eye socket appeared to have been opened", housed with other cats in a kennel and the right eye was "squinted and watery" (see statement for a detailed observation).

On the 3rd of January 2012, Dr. Dana Miller, DVM [REDACTED] visited the facility to observe the care provided to the animals maintained at the facility. According to the report provided, the Caboodle Ranch (Craig Grant) continues to fail to provide acceptable standards of care in order to ensure humane treatment of the animals in custody and fails to provide veterinary intervention necessary to alleviate the suffering that he (Grant) creates through his (Grant) actions and inactions (see report for further). Due to the allegations of animal cruelty, the information is being forwarded to the state attorney's office for review.

ADMINISTRATIVE	Report Contains AFFIDAVITS AND PHOTOS		Related Report Number(s)		Name of Officer Reporting INV TINA DEMOTSIS		I.D. Number/Locator Code MC9/184	
			Officer Reviewing (If Applicable)		I.D. Number		Unit	
	Signature of Officer Reviewing		Routed To		Referred To		Assigned To	
							By	
							Date	
	Case Status CF	Clearance Type	1. Arrest 2. Exceptional	3. Unfounded	A-Adult J-Juvenile A	Date Cleared / /	Arrest Number	Number Arrested
	Exception Type 1. Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody	
							OBTS Number	
							Page 2 of 2	

[REDACTED]

January 18, 2012

Wes Paxson III
Assistant State Attorney
Third Judicial Circuit of Florida
100 S.E. Court St.
Live Oak, FL 32064

Dear Mr. Paxson:

On Tuesday, January 3, 2012, I, Dana M. Miller, DVM visited the Caboodle Ranch (Caboodle), located at 711 SE Benchmark Dr., Lee, FL 32059, which is owned and operated by Mr. Craig Grant. The purpose of my visit was to directly observe the care provided to the animals (primarily cats) who are maintained at this facility. This letter is to provide a summary of my professional observations while at the facility, which directly support claims that Mr. Grant is, and has been, in violation of Florida state law §828.12 by causing excessive and unnecessary pain and suffering to his cats.

During this visit, I spent a total of approximately 4 hours at Caboodle working as a volunteer, and was able to observe approximately 300 of the 600 cats reported to reside at the facility, as well as the two dogs. I was able to handle/closely examine many, though not all, of the cats whom I observed. While at Caboodle, I did not reveal myself to be a veterinarian, so my examinations were limited to physical assessment and observation of the facility and grounds without the aid of any diagnostic tools. Although lacking ancillary diagnostic tools and tests precludes making a definitive diagnosis of the medical conditions I observed, it did not hinder my ability to accurately identify many clinically ill animals requiring veterinary treatment, and in some cases, emergency care. To evaluate body condition, I used the Purina Body Condition Scoring System for cats. This scale is designed to objectively evaluate and score the body condition of a cat to determine whether the animal is too thin, too heavy, or of an ideal weight. The ideal body condition score (BCS) for cats is 5, where 1 is emaciated and 9 is obese.

Immediately upon my arrival, but before entering the facility, I observed 8-10 cats outside of one of the gates into the Caboodle grounds. The cats outside of the facility were representative of those housed within and included several showing signs of clinical illness including upper respiratory disease. One severely emaciated (BCS of 1.5/9), black and white, domestic short haired (DSH) cat was in the group of cats outside of the facility. These cats were free-roaming on the grounds in front of the gate, on the public road, and one was observed on the property across the street from the facility.

When large numbers of animals are involved, it is often difficult to determine their overall health status by simple observation. To complete a full physical examination, individual animals must be restrained and comprehensively assessed. With that said, only an initial walkthrough of the property was needed to identify several chronic health problems such as upper respiratory illness in various degrees of severity, emaciation, hair loss, and diarrhea that were all obvious in a large portion of the cat population. Although not as readily apparent, a closer inspection revealed several animals with severe, even life threatening, illness. Of the approximately 300 cats whom I was able to observe during my time at Caboodle, at least 75% were clearly in need of veterinary care.

- Approximately 50-60% of the cats observed had varying signs of respiratory disease. The clinical signs presented in these cats ranged from mild nasal discharge and sneezing to severe yellow-green mucoid
- [REDACTED]

discharge with dyspnea (difficulty breathing) and labored / open-mouthed breathing. Cats with respiratory disease were found in every section of the property, including both the "Sick Ward" and mixed with the general population. There was virtually no difference in severity of disease between any of the areas on the property, nor did there appear to be any attempts to segregate these obviously ill animals.

- For example, a female, dilute calico, domestic medium hair (DMH) cat was observed inside of an open wire crate inside the "Sick Ward" trailer. This cat was severely lethargic and barely responsive. She was 7-10+% dehydrated, had tacky mucus membranes, and a greatly prolonged skin tent. This cat was cool to the touch and did not lift her head even when disturbed. The cat had moderate ocular and nasal discharge and dried crusts around her nose. During the nearly one hour that I was present in the trailer, the only movement I observed from this cat was a prolonged sneezing fit. The mucus membrane color was pale and capillary refill time was prolonged which can result from dehydration, shock, or cardiac dysfunction. This cat was clearly in immediate need of lifesaving, emergency veterinary care. Reportedly, Mr. Grant was in the trailer administering fluids only moments before I entered. Although I did observe several unopened bags of sterile fluids, there was no evidence to suggest recent administration of either subcutaneous or intravenous (IV) fluids to this or any other cat whom I examined in the trailer. There were no large fluid bulges in the subcuticular space of any cat, no shaved legs, and no cats with IV catheters. Although the crate confining this particular cat was open, it was located on top of a shelf overhanging the edge in a manner that prevented the cat from leaving the crate due to her generalized weakness. Several other cats were observed jumping in and out of this crate and lying on top of it in front of the window.
- Approximately 30% of the cats observed were underweight (BCS of $< 4/9$) and approximately 10% of the cats were severely emaciated (BCS of $\leq 2.5/9$). Extremely poor body condition is an indicator of prolonged malnutrition and can be a direct and immediate threat to the animal's health or life if left untreated. Such malnutrition can result from many causes including: competition for limited food, intermittent or insufficient feeding, or the presence of other concurrent disease processes that may reduce food consumption or food utilization. During periods of significant illness or stress, cats can become anorexic / reluctant to eat. URI can impair a cat's ability to smell their food, further decreasing their appetite. As a result, it is important that ill cats, especially those with URI, be offered highly palatable (tasty) food such as canned cat food and carefully monitored for their food consumption during their convalescence. When left untreated, emaciation (regardless of the underlying cause) is often progressive and results in significant suffering and possibly death.

While at Caboodle I observed several mass feeding stations all of which consisted of only dry food. I did observe several unopened cans of cat food present on the property (both Friskies and Hills A/D); however, I did not observe any canned food that was accessible to the cats. I also did not observe any evidence of canned food having been made available to cats on a regular basis, such as large numbers of individual food bowls or paper plates. During my entire visit I saw only one open can of cat food (an empty can of A/D that was present inside the "Sick Ward" trailer where approximately 50 cats were housed). This can was empty and dry, making it impossible to determine how long prior it had been opened. Even if recently offered, that amount is clearly an insufficient quantity for all cats present (several of whom were severely emaciated). The group housing and group feeding that I observed at Caboodle precludes the necessary monitoring to ensure adequate food consumption by all individuals. Although diagnostic testing is necessary to determine the cause of emaciation for each individual, it is likely that the management practices regarding lack of separation of individuals, lack of monitoring, and lack of ensuring appropriate food to clinically ill individuals (without competition) is contributory to the widespread poor nutrition and emaciation present at Caboodle.

- Approximately 30% of cats showed signs of ocular disease ranging from mild to severe (approximately 10% showing severe signs). These signs included serous discharge, blepharospasm (squinting), corneal

edema (swelling of the eye's surface), corneal neovascularization, and rubbing of the eye. Several cats had irregular surfaces of the eye which suggested that they had active corneal ulcers - a painful condition. Most of the cats with ocular disease showed no signs of treatment such as isolation from the general population, individual identification, or the presence of medication in/around the eye. For example:

- A cat identified to me as "Lilly," located within the "Sick Ward" trailer, had a right eye that appeared shrunken with an irregular appearance. Lilly was clinically depressed / lethargic and also showed signs of upper respiratory infection (including a nasal discharge). The cat's eye appeared to be in a state of degeneration, which can result from a ruptured corneal ulcer / iris prolapse. A small central depression remained present in the eye indicative of active corneal disease. Lilly did not appear to be receiving any veterinary treatment for the corneal ulcer or rupture of her eye.
- One cat, identified to me as "Grey", had an eye that appeared to be recently enucleated (removed). The area surrounding the eye was shaved and there were sutures in place holding the eyelids shut. In cases where severe ocular disease is present, the removal of the eye can provide a mechanism to alleviate pain associated with the condition. In cases where it becomes necessary to enucleate the eye, aftercare consists of analgesic medications (pain relievers) and placement of an Elizabethan collar (E-collar) around the animal's head to prevent self-inflicted trauma from scratching at the sutures. At the time of my visit, Grey was free-roaming in the general population and there was no E-collar in place. This represents a physical hazard to Grey's on-going health as (s)he could easily be injured by another cat while adjusting to the loss of vision in the removed eye.
- A young, white, DSH cat / kitten identified to me as "Duchess" was observed to have what appeared to be a failed nictitating membrane flap in the left eye. During this procedure, sutures are placed from the upper eyelid (through the lid) to the nictitating membrane (3rd eyelid) pulling the third eyelid across the surface of the eye. These can be used in certain circumstances to increase blood flow to an area of corneal ulceration. In the case of Duchess, the nictitating membrane was not pulled across the eye and the only remaining evidence of this procedure was a piece of clear to white plastic material that was sutured to the upper lid. This indicates that the attempted nictitating membrane flap failed, likely pulling free. The sutures appeared to be going through to the conjunctival (underside) of the lid, rubbing across the eye when she blinked. Duchess was not wearing an E-collar and was not separate from the general population of cats, which are likely causes for the failure of this procedure. It was clear that additional veterinary intervention was necessary to re-examine and treat this condition. Without such care, it is likely that this will progress into an extremely painful condition which may result in the loss of this eye.
- Approximately 20-30% of the cats exhibited alopecia (hair loss) to varying degrees. While many cats had only small patches of alopecia that were evident only on close inspection, as many as 10% had marked hair loss that was visible from a distance. Both ringworm (a fungal infection) and Notoedric mange (an intensely itchy condition caused by a parasitic mite burying into the skin) have been diagnosed previously by Mr. Grant's private veterinarian, Dr. John C. Lewis (Madison Veterinary Clinic; letter dated May 15, 2009). While there are many possible causes for the hair loss exhibited in these cats, several were consistent with either ringworm or Notoedric mange. Both of these conditions are zoonotic (contagious to humans).
- Several cats were observed to have wounds requiring veterinary treatment; however none of these animals were housed within the "Sick Ward" and were all free-roaming in the general population. For example:
 - One brown tabby with white, DSH cat was free-roaming in the area in front of the "general store." This cat had several wounds present on the inner aspect of his left hind leg. Upon closer inspection, there were two lacerations present over the inner aspect of his left caudal thigh



(behind the knee) and four puncture wounds present around his hock on the same limb. There was swelling around the distal (lower) puncture wounds and purulent material (pus) was expressed with minimal manipulation / light pressure. These wounds appeared consistent with infected bite wounds and clearly required veterinary care. This cat was free-roaming in the general population and there was no hair clipped from the area to suggest that the cat had received any veterinary attention.

- One black, DSH cat had an extensive wound over his/her right neck extending towards its ear. The wound could only be observed at a distance, as the cat could not be captured for evaluation. The wound's location is consistent with self-inflicted wounds that can result from severe untreated ear mite infestation.
- Two cats were observed who had severe ear infections. One of these cats was confined within the green shed, while another was free-roaming with the general population. In both cases, the cats had one ear that was partially folded over in an unnatural manner. Each cat was observed repeatedly scratching at that ear, a sign of pain / discomfort. In cases where there is repetitive trauma to the ear, the development of scar tissue can cause the pinna to take on a "cauliflower" appearance. This type of trauma can result from self mutilation due to repeated excessive scratching. Upon closer inspection, the affected pinna of each cat appeared thickened and there was a slightly bloody-purulent discharge at the base of the ear and behind the ear. When I looked inside the ear, I observed a large amount of moist dark brown to grey discharge. In the case of the cat in the green building, I used a sterile swab to remove some of this otic debris and it had a strong odor that is often associated with pseudomonas ear infections. Left untreated, ear infections are extremely painful and can result in severe self mutilation, deformation of the ear pinna, and progression to inner ear infection which can cause neurological signs, loss of balance, rupture of the tympanic membrane (eardrum), and hearing loss.
- I observed several cats with neurological abnormalities of varying degrees. For example:
 - I saw four cats present on the property with a head tilt. A head tilt can result from either inner ear dysfunction or neurological dysfunction. Some of these cats had dark brown otic debris, which suggests that an underlying ear infection may have caused the condition, though in all cases a thorough examination and, if necessary, diagnostic testing are needed to accurately diagnose the cause of this condition. All four cats observed with this condition were free-roaming.
 - One tortoiseshell color cat identified to me as "Shelly" was observed outside the area known as the "General Store," was clearly ataxic (walking in an uncoordinated manner) from an unknown cause. This cat requires veterinary care to accurately diagnose and treat this condition. Additionally, Shelly requires confinement for her own safety until a diagnosis can be made and appropriate treatment can be provided.
- Several animals were observed with varying musculoskeletal disease. For example:
 - A 3-legged, charcoal gray, DMH cat was in the "Sick Ward" trailer hiding under the resting platform amid several other cats. This cat was missing his right hind leg. This appeared to be an old injury or possible amputation, as the skin was completely healed and hair grown over. The cat was emaciated (BCS 2/9) and had severe matting of the fur (to the skin) in several places. Additionally, (s)he was dehydrated (estimated 7-10%), as evidenced by tacky mucus membranes and an obvious skin tent. In addition, the cat was soaked in urine over his entire lower abdomen, thorax, and remaining hind leg. Typically cats missing a hind limb can ambulate well; however, this cat was unable to walk, likely due to generalized weakness and poor muscle tone. While in the trailer, I observed this cat repeatedly trying and failing to get his remaining hind leg under himself to stand / walk, but failing each time. The result of this failure was repeated slamming of his pelvis onto the ground. The cat then was forced to drag himself across the floor. Without

intervention, this is very likely to result in significant pain and suffering from both the physical trauma and urine soaking.

- Inside of the building known as the "General Store," I observed a small, DMH, dilute tortoiseshell color cat who was identified to me as "Marsha" by Debbie, a Caboodle worker, and later the same day was identified as "Peggy" by Rob Grant. This cat was emaciated (BCS 1.5/9), lethargic, and dehydrated (estimated 5-7%). This cat also had a moderate upper respiratory infection and her fur was matted on the hind end. Upon handling it was obvious that the cat's left hind leg was non-functional. The hock and stifle were both fused in an awkward, extended angle, making the limb a cumbersome appendage rather than a functional limb. This was inhibiting the cat's general mobility and was at least a contributing factor to her difficulty competing for adequate food and water and her general poor condition.
- Two Great Pyrenees type dogs—identified to me as Teddy and Louie—were present on the property during my visit. Both dogs were approximately 7-8 months old and said by Mr. Grant to have been acquired for the purpose of protecting the cats from coyotes. One of these two dogs, Teddy, was obviously lame on a front limb. There were no briars, cuts, or other superficial cause for this lameness. There are many causes of lameness and a complete veterinary examination with diagnostic testing is necessary to localize the lameness and determine the appropriate treatment course.
- Toward the conclusion of my visit, I walked around the property and observed evidence of numerous deceased cats.
 - Near the back of the fenced area, past an area known as the "secluded kennels," there was a significant area of disturbed ground; intermingled among this area were several bones scattered among the leaf litter. I observed several cat scapulae and tibiae, a few intact lower limbs, one vertebral column, one feline skull, two collars, one green paper tab-band type collar, and several clumps of varying colors of fur. These were spread over a several meter area and appeared to clearly come from multiple cats. The cause of death could not be determined based on visual inspection alone.
 - Behind the "Sick Ward" trailer, I observed one recently deceased small, male, brown tabby, DSH cat. This cat was out in the open, although his remains were located in a small depression behind the trailer. The cat was in moderate body condition and had a bloody nasal discharge. His eyes were present and had little visible insect activity (only a few swarming gnat-type insects). The body was cold to the touch and appeared partially frozen. A complete necropsy would be necessary to determine the cause of death.

Prior to my visit, I was able to review several documents which contained observations and recommendations for improving the conditions at the Caboodle. These documents included letters sent to Mr. Grant from Dr. Julie Levy (University of Florida Maddie's Shelter Medicine Program) dated May 14, 2009 and June 30, 2009, as well as those from Mr. Grant's own private veterinarian, Dr. John C. Lewis (Madison Veterinary Clinic) ranging from May 2009 through March 2011. Additionally, I was able to review a letter from Dr. Levy addressed to Mr. Jamie Willoughby (Madison County Animal Control) and Ms. Tina Demotsis (Madison County Sheriff's Department) dated December 22, 2010, articulating the reasons Dr. Levy terminated her visits to this facility.

Generally, my observations on January 3, 2012 were similar to those made more than two and a half years prior by Dr. Levy (May and June 2009). The clinical signs of infectious disease present during my visit were consistent with diseases that have been previously diagnosed and shown to be extremely prevalent among Mr. Grant's cats during those visits. These diseases included Calicivirus, Herpes virus, Bordetella, Chlamydia, and several gastrointestinal pathogens. During my visit, it was clear that few changes have been made to decrease the



prevalence of diseased cats at Caboodle and that there continued to be no separation of clinically ill animals in order to control the spread of such infectious disease.

As a result of my observations and the additional evidence available, it is my professional opinion that the self-described "sanctuary" continues to fail to provide an acceptable standard of care in order to ensure humane treatment of the animals in its custody. It is clear from my observations and the additional evidence provided to me, that Mr. Grant has created a situation where cats regularly become ill as a result of his failure to provide such care. Mr. Grant then systematically fails to provide the veterinary intervention necessary to alleviate the suffering that he creates both through his actions (actively amassing this number of cats) and his inactions (his failure to provide necessary veterinary treatment when animals get sick). Furthermore, it is clear that Mr. Grant has created a situation which causes significant suffering of the cats he claims to provide care for.

If you have any questions about my observations or conclusions or would like additional assistance, please feel free to contact me.

Sincerely,

Dana M. Miller, DVM

