

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF IOWA**

TRACEY K. KUEHL, et al.,	)	
	)	Case No. C14-2034-LRR
Plaintiffs,	)	
	)	
vs.	)	
	)	
PAMELA SELLNER, et al.,	)	<b>AFFIDAVIT OF JENNIFER CONRAD,</b>
	)	<b>D.V.M., IN SUPPORT OF PLAINTIFFS'</b>
Defendants.	)	<b>MOTION FOR SUMMARY JUDGMENT</b>
	)	

**AFFIDAVIT OF JENNIFER CONRAD, D.V.M., IN SUPPORT OF PLAINTIFFS'**  
**MOTION FOR SUMMARY JUDGMENT**

I, Jennifer Conrad, declare that if called as a witness in this action I would competently testify of my own personal knowledge as follows:

1. My name is Jennifer Conrad, I am over the age of 18, of sound mind, and have freely given the testimony set forth in this Affidavit. I reside in Santa Monica, California, and I am a doctor of veterinary medicine currently practicing in Los Angeles. I work with captive wildlife in nonprofit wildlife sanctuaries and provide humane veterinary care to captive wildlife appearing in television and movies. At present I care for approximately 30 lions and tigers, having cared for some 200 over the course of my 21-year veterinary career; I care for approximately 50 wolves and wolf-dogs, having cared for some 130 over the course of my veterinary career; and I care for approximately 10 servals, having cared for some 40 over the course of my veterinary career. Since graduating from the University of California, Davis, School of Veterinary Medicine, I have also participated in many programs to protect and improve the lives of wild animals, including rehabilitation efforts in Namibia, Nepal, and the

Galapagos Islands, among other locations. I am a member of the American Veterinary Medicine Association (AVMA), the American Association of Zoo Veterinarians (AAZV), and the European Association of Zoo and Wildlife Veterinarians (EAZWV).

2. In addition to my veterinary work, I founded The Paw Project in 1999, a nonprofit that rehabilitates big cats such as lions, tigers, cougars and jaguars maimed by declawing. As a spokesperson advocating humane alternatives to declawing surgery, I have been interviewed on numerous television and radio programs to educate the public about the physiological and behavioral effects of feline declawing. I have been called to write letters in animal abuse cases both here and abroad that require expert testimony on declawing. I have also supported legislative efforts throughout the country to ban feline declawing, which is banned in many industrialized countries throughout the world. In 2006, the United States Department of Agriculture (USDA), the federal agency that oversees animals bred, exhibited or sold in commerce, amended their regulations under the Animal Welfare Act (AWA) to prohibit declawing or defanging of animals owned by their registrants. This change was based in part on information provided by the Paw Project.

3. I have made several court appearances, both as a witness and as an expert witness regarding the care and housing of large carnivores such as lions, tigers, cougars, and leopards (collectively, big cats), including by USDA summons and by subpoena. I have likewise testified before numerous bodies such as planning commissions and other entities regarding animal husbandry issues. I have observed that big cats and other majestic endangered animals can languish in captivity because people wrongly assume that such magnificent animals are immune to most health issues and fail to notice signs of compromised health and welfare. In light of this

oversight, and because it is imperative that big cats and other endangered animals are well cared for in captivity, I am participating as an expert in this litigation.

4. In preparing my opinion, I have reviewed USDA inspection reports of the defendants' facility, photographs and videos of the animals and their enclosures, and violation notices concerning the housing and husbandry practices for animals kept at the Cricket Hollow Zoo in Manchester, Iowa. I likewise reviewed transcripts of the depositions of the defendants and their veterinarian Dr. Pries, files the zoo provided relating to the husbandry and veterinary care of their animals, and records related to the acquisition and disposition of their animals. Based on the information I reviewed, I conclude that the tigers, lions, wolves and serval housed at this remote Zoo are suffering from inhumane living conditions that result from owners, zookeepers and veterinarians who lack the expertise, the experience, and the resources to care for captive wildlife. Neither the veterinary care nor the animal husbandry is remotely adequate for these animals. The only conclusion I can draw is that these animals are being harassed by their conditions. For the reasons I describe below, it seems highly improbable to me that those conditions will ever change, and I recommend immediate removal of these animals from the Cricket Hollow Zoo.

5. It is abundantly clear that the Zoo's Program of Veterinary Care is woefully inadequate. For example, the Zoo has exhibited veterinary shortcoming in at least the following significant ways:

- Failure to secure an attending veterinarian with adequate experience;
- Failure to provide timely information to the attending veterinarian;
- Failure to perform necropsies and to ascertain causes of death that could potentially be communicable;

- Failure to adequately quarantine animals and to give these animals exams before exposing them to the existing population;
- Failure to feed balanced and wholesome diet to growing animals;
- Failure to monitor teeth and oral pathology;
- Failure to vaccinate for canine distemper, a preventable cause of wild felid death.

Each of these failures departs from generally accepted animal husbandry practices standard in the captive wildlife industry.

6. The Cricket Hollow financial records are indicative of poor animal care. One need look no further than their financials to realize that the Sellners are not caring adequately for their animals. From a veterinarian's perspective, the financials of a facility are extremely important indicators of health of the animals. Caring for any animal, and in particular wildlife, and even more particularly endangered species, is an extremely expensive financial undertaking. Big cats, wolves, and servals require highly specialized care in captivity. Of great importance is regular and proper veterinary care. Wildlife, when captive, is prone to health problems. These animals often suffer disease or illness because their sheer awe factor as charismatic megafauna causes many people to overlook their medical issues, which can be signaled by symptoms as subtle as not wanting to play or no longer eating something they previously enjoyed. Common ailments they might have like broken teeth or urinary tract infections go undiagnosed because those undertrained in exotics care might think that these animals are immune to such problems precisely because they are not "regular animals." In addition, much of their care has to be preventive of disease because these animals are masters at hiding problems until they are very sick. By their own admission, in the last five consecutive years the Sellners have spent on average just \$668 a year—less than \$700 annually—on all their zoo animals combined, a

population of some 300 animals. (Ex. 6 at 0355 (Zoo Expense Tally (2008-2014)) (reporting veterinary expenditures in 2010 as \$899, in 2011 as \$498, in 2012 as \$641, in 2013 \$588, and in 2014 as \$714). On average, then, each animal receives roughly \$2.23 a year on veterinary care. According to Dr. Pries, the Sellners' part-time veterinarian, his clinic charges \$2.25 per minute for professional time, and \$3 per minute for surgery. (Ex. 7 at 0528–0529 (Tr. J. Pries 64–65: 18–19, 7–10)). For simplicity, putting aside the \$35 he charges for a “farm call” or the \$55 he charges for an “office call,” (Ex. 7 at 0528–0529 (Tr. J. Pries 64–65:13–15, 23–25)) that means each animal, on average in the last five years, receives just one minute of veterinary care a year. If we were to factor in the cost of the farm or office call, and acknowledge that clients pay for all medicines and supplies, (Ex. 7 at 0529 (Tr. J. Pries 65:13–20)), we must reach the obvious and unavoidable conclusion that the vast majority of the animals at the Zoo are receiving *zero* minutes in veterinary care in any given year. That is to say, most of the animals are getting zero diagnostic work—no blood work, no urine work, no lab work of any kind. They are receiving no physical exam, no tooth exam, no eye exam, no fecal exam. They may or may not be getting medicine of any kind. These animals are much like other animals. They can have teeth problems, infections, fly strike, parasites, both external and internal, endocrine conditions, cancers, reproductive system problems, arthritis, pain for other reasons, corneal abrasions, high blood pressure, GI distress and many other common conditions. If they are receiving any veterinary care at all, it may well be from the Sellners themselves, who are clearly not licensed veterinarians and enormously underqualified to provide that care. In my opinion, denying captive wildlife veterinary care harasses them, creates a likelihood of injury to them, and is not a generally accepted animal husbandry practice.

7. Considering only the several endangered animals that I have been asked to evaluate, the less than \$700 per year the Sellners spend on veterinary care would not be enough to maintain the most basic health standards for even those few animals, let alone the 285 or so others. For example, based on my experience in California—which can likely be reduced, though not considerably for Iowa prices—I estimate that the minimum basic preventive care for a tiger would cost around \$300 per year per cat, assuming the cat were healthy and adjusted for Iowa prices. That \$300 would include vaccinations, deworming, fly medicine, pain relief, and antibiotics. Since the Sellners currently have five tigers, (Ex. 7 at 0424 (Tr. P. Sellner 152:20–22)), already the cost for the minimum basic preventive care for the tigers exceeds by more than a factor of two their average annual veterinary expenditure. That does not even contemplate a tiger who might face a health problem, which to address would cost at least \$600, possibly \$800, and would include, at a minimum, anesthesia,<sup>1</sup> x-rays, blood work, and urine tests. The same numbers would apply to the lions: \$300 each in minimum annual preventive care and \$600 to \$800 minimum each possible illness or injury event. Similar figures would apply to the wolves: at least \$250 each in minimum annual prevent care for healthy animals, accounting for the cost of vaccines (including rabies, distemper, Parvo, and two types of Hepatitis), heartworm prevention, flea and tick medicine, and routine other worming. For any wolf suffering an illness or injury, the minimum direct care cost would be anywhere from \$400 to \$500, for bloodwork and x-rays.<sup>2</sup> Finally, the serval would likely cost \$175 per year in minimum preventive care, including vaccines and routine dewormings. Any problem arising in her would cost perhaps \$400 to \$450, including bloodwork, x-rays, and possibly though not always anesthesia. This is all to say that even if the Sellners were devoting their entire veterinary expenditures solely to their

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<sup>1</sup> Typically anesthesia increases the cost of veterinary care by some \$200.

<sup>2</sup> A wolf might not need anesthesia since it is far less likely than a lion or tiger to kill his or her handlers.

endangered animals—which is entirely improbable and would be professionally irresponsible in any event—they would not be meeting even the minimum basic preventive care of even a small fraction of their endangered animals. My review of the records in this matter leads me to conclude that there are serious health problems at the Zoo requiring immediate veterinary intervention. In my opinion, the failure to provide minimum preventive veterinary care, let alone the failure to provide remedial or curative care, harasses them, creates a likelihood of injury to them, is not a generally accepted animal husbandry practice, and fails to meet the minimum humane care and treatment standards.

8. Looking beyond the financials, given the alarming number of endangered animals who have been dying at the Cricket Hollow Zoo on a regular basis—whether of preventable causes, treatable causes, or unknown causes, and disregarding the number of non-endangered animals who may be dying at the Zoo on a regular basis—I can only conclude that the animals are getting neither the proper preventive care nor the kind of remedial or curative care that they require to even survive, much less thrive, at the Cricket Hollow Zoo. According to the defendants’ own admissions, the following endangered animals have died at the Zoo in the last ten years:

#	Individual	Species	Purported Cause of Death	Year of Death	Age at Death	Years of Death after birth or acquisition
1	Rajah	Tiger	Old age	~ 2005	No data available	No data available
2	Sheba	Tiger	Old age	2012	No data available	No data available

3	Sherkhan	Tiger	Old age	2-28-2014	~ 20 years old	~ 10 years after acquisition
4	Raoul	Tiger	Quick pneumonia	6-1-2013	Less than one year old	Less than 10 months after birth at Zoo
5	Casper	Tiger	Pneumonia	11-2014	~ 10 years old	~ 4 months after acquisition
6	Luna	Tiger	E. coli	2014	~ 11 years old	Approximately 4 months after acquisition
7	Tootsie	Lemur	Old age	11-2009	No data available	No data available
8	Cheech	Lemur	Old age	~ 2010	No data available	No data available
9	Gaz	Lemur	Encephalitis; necropsy done at Ames, Iowa	2006	Less than one year old	No data available
10	Maddy	Lemur	Encephalitis (no necropsy)	2006	Less than one year old	No data available
11	Kondo	Lemur	Unknown	7-2011	~ 10 years old	Less than one year after acquisition

See Ex. 3 at 0272; Ex. 4 at 0311–0315, 0321–0322, 0327, 0330.<sup>3</sup>

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<sup>3</sup> Note that a lion named Kamarah also died at the Zoo in Nov. 2014, purportedly of pancreatitis. (Ex. 7 at 0427 (Tr. P. Sellner 162–163: 9–25, 1–7)). Kamarah may have been approximately 12-years-old at the time of her death, since her acquisition papers suggest she was 8-years-old when acquired in 2010. (Ex. 4 at 0283).



In my opinion, these many deaths alone prove that the defendants are clearly harming, injuring, wounding, killing, and assuredly harassing their animals. Ascribing a death to “old age” alarms me as a veterinarian because it means that these deaths were dismissed as unimportant. There is no such thing as dying of “old age,” there is only dying of complications of old age, such as cancer, heart failure, or kidney failure. No death should go without investigation for the safety of the collection and for the education of the veterinarian and the caretaker who should use the information to prevent other deaths.

9. I also observe that the defendants bury their animals on the property. (Ex. 7 at 0427 (Tr. P. Sellner 161:6–16)) (admitting that she buries her deceased big cats “in the fence line in my cornfield.”). Local or state or federal law almost surely forbids this, but in any event this habit is entirely contrary to industry practice. A buried animal might be dug up by coyotes who could move the carcass. The obvious problem is that an animal who died of communicable disease can then, even after death, spread that disease back into the zoo population if the carcass were moved by other animals.

10. Given the extraordinary number of animal deaths, including the several animals who died soon after birth or acquisition, I conclude that the owners either fail to recognize the onset of illness and injury, discovering the problem only after it has become too late, or they do recognize the onset of illness and injury but adopt a wait-and-see posture that saves money at the cost of the animals’ lives. In my opinion, such an approach harasses captive wildlife by creating a likelihood of injury. USDA regulations require every exhibitor to have an attending veterinarian who provides adequate veterinary care to the licensee’s animals. In my opinion, the frequency of animal deaths proves the veterinary care is not adequate. Furthermore, USDA regulations also require frequent communication between an exhibitor and her attending

veterinarian to ensure the veterinarian receives timely and accurate information about animal health, behavior and well-being. Veterinarians should be on site to make assessments rather than listening to the owner's descriptions, which may be subject to preconceived notions. Given the wait-and-see approach, in my opinion, the defendants are not providing this information or the opportunity for the veterinarians to intervene in a manner timely enough to save the animals' lives.

11. Consider the tiger Raoul whom the Sellners reported died of "quick pneumonia" in the summer of 2013. (Ex. 3 at 0272). Raoul was born at the Cricket Hollow Zoo and died there before he reached one year of age. In my experience, captive tigers typically live 15 to 23 years, on average 20 years. Raoul died some 19 years before a properly cared for tiger in captivity might be expected to die. Compare (Ex. 4 at 0337) (reporting Raoul's date of birth as "8-12-12") with (Ex. 3 at 0272) (reporting Raoul's date of death as "6-1-2013").

12. Let me observe first that it is highly unusual for a captive big cat to die of pneumonia. It is even more unusual for a captive big cat to die of pneumonia in the summertime. Second, in all my years treating captive wildlife I have heard of "quick pneumonia" only as a layman's diagnosis in hoofstock. I have never heard of this in captive carnivores. Neither, apparently, has the Sellners' veterinarian, who told plaintiffs' counsel that "quick pneumonia" may be a "poor name for acute pneumonia." (Ex. 7 at 0544 (Tr. J. Pries 128:15–20)). Even so, to call it "acute pneumonia" identifies neither how the pneumonia originated nor explains how it became so acute as to be inescapably fatal. Any animal who dies of respiratory illness within so short a period of time has died because the caregiver has failed to observe the onset of illness. Someone with sufficient veterinary or animal husbandry experience can observe respiratory ailment symptoms like coughing, inappetance, high fever, rapid breathing, and probable

discharge with enough time to save or at least attempt to save an animal. In my experience, when an animal's respiratory distress develops into potentially fatal pneumonia, it is only because the animal has been compromised and sick for more time than the day that the disease becomes apparent. In contrast, Ms. Sellner noticed that Raoul was sick only on the very same afternoon he died, and had not noticed any symptoms of illness prior to that afternoon. (Ex. 7 at 0425 (Tr. P. Sellner 155–157)). In my opinion, the failure to observe an animal's decline until it is too late harasses captive wildlife, creates a likelihood of injury to them, and is not a generally accepted animal husbandry practice. It is indicative of a cavalier or indifferent treatment of animals and which I find unacceptable.

13. In evaluating possible causes for Raoul's death, I considered other causes for the alleged pneumonia. By "quick pneumonia" Ms. Sellner might have had in mind "aspiration pneumonia," when an animal gets a foreign body in his or her lungs that leads to infection. There are only two common ways Raoul might have developed aspiration pneumonia. One is that he inhaled the vitamin powder into his lungs that the Sellners' nutritionist, Dr. Pusillo, has recommended they include in the big cats' meat. If that were true, the Sellners' took inadequate care with implementing Dr. Pusillo's regimen. The other way Raoul had a foreign body in his lungs is that Raoul inhaled not just vitamin powder into his lungs, but food itself. He would do that only if he were in an incredible hurry to eat his food, which would be true only if he were either utterly starving or had been fed in the presence of other cats who he worried would take his food from him. Assuming Raoul did develop aspiration pneumonia, it may have constituted a virulent bacterial infection of the lungs, but not necessarily a fatal one.

14. Regardless of the form of pneumonia Raoul may or may not have had, to know with certainty whether an animal has pneumonia requires a proper veterinary diagnosis, which

includes use of laboratory tests and chest x-rays. The use of adequate and appropriate methods to diagnose disease and injury is required by USDA regulation. Then, to treat an animal who definitely has pneumonia, requires a proper veterinary prescription for antibiotics. Again, the use of adequate and appropriate methods to treat disease and injury is required by USDA regulation. The only way a caregiver might avoid an in-person veterinary diagnosis is when a specific animal has a history of a specific ailment that has been chronic and repeatedly diagnosed. Pneumonia is rarely such a disease, especially in an infant animal. In the case of chronic and recurring disease, when the veterinarian has personal experience with the patient and the ailment, a diagnosis can be made over the phone on the basis of properly described symptoms. Nothing in the record indicates that the Sellners' veterinarian used any of the appropriate diagnostic tools to identify Raoul's illness and to save his life. In actual fact, Ms. Sellner reports that on the afternoon she noticed he was sick she "called up the Elkader Veterinary Clinic, and my volunteer went up and got a bag of drugs that my vet prescribed to him, brought it back to save time, and we administered them." (Ex. 7 at 0425 (Tr. P. Sellner 155–156)). Since Raoul died even though Ms. Sellner administered to Raoul "a bag of various drugs," some of which were "injectables" and one of which may have been oral, (Ex. 7 at 0425–0426 (Tr. P. Sellner 156–157)), it is possible that he was improperly diagnosed. That the Sellners performed no necropsy on Raoul means it is impossible to distinguish between an improper diagnosis, an improper treatment, or a failure to identify the problem in time to make a difference. Without question this is industry standard: anyone who manages animals must know of what those animals are dying. Even other animals (non-zoo animals) who die on the property should be necropsied, like a skunk, who may have had rabies and may infect others with it. In my opinion, the failure to secure a proper veterinary diagnosis and the concomitant failure to ensure that the treatment regimen was

appropriately prescribed and appropriately administered harasses captive wildlife, creates a likelihood of injury to them, is not a generally accepted animal husbandry practice, and fails to meet the minimum humane care and treatment standards. In my opinion, the unauthorized practice of veterinary medicine likewise harasses captive wildlife, creates a likelihood of injury to them, is not a generally accepted animal husbandry practice, and fails to meet the minimum humane care and treatment standards.

15. There is no excuse for an animal to have died of a preventable illness. Neither is there any excuse for an animal to have died of a treatable illness, which many forms of pneumonia are. The use of adequate and appropriate methods to prevent disease and injury is required by USDA regulation. In my opinion, the failure to have conducted a necropsy on Raoul harasses captive wildlife, creates a likelihood of injury to them, is not a generally accepted animal husbandry practice, and fails to meet the minimum humane care and treatment standards since the Sellners cannot know how to prevent other cats from dying of whatever killed Raoul in the future.

16. The defendants have indicated that their tiger Casper also died of pneumonia in November, 2014. (Ex. 3 at 0272). Casper died at just ten years old, only half or at most two thirds the expected age for a tiger in captivity. Compare (Ex. 4 at 0321) (reporting Casper's date of birth as "06-04") with (Ex. 3 at 0272) (reporting Casper's date of death as "11-2014").

17. In her deposition, Ms. Sellner blames Casper's having developed pneumonia on a "cold snap," adding that she found him "with his head down puffing with quick pneumonia." (Ex. 7 at 0428 (Tr. P. Sellner 168:4-7)). Again, in my professional experience there is no such thing as "quick pneumonia," so Casper may have developed aspiration pneumonia in either of the two inexcusable ways that Raoul may (or may not) have. Given Ms. Sellner's mention of the

“cold snap,” however, it seems more likely that Casper developed ordinary pneumonia, and that the Sellners did not notice until it became too late. As with Raoul, the Sellners’ veterinarian never utilized the appropriate diagnostic methods necessary properly to diagnose pneumonia. Instead, in all likelihood to save money (as the financials make clear), Ms. Sellner “called Dr. Pries again” and on the basis of that phone call administered injectable medications to Casper that failed to prevent his death. (Ex. 7 at 0428 (Tr. P. Sellner 168:6–10)). As with Raoul, the failure to observe an animal’s decline until it is too late in my opinion harasses captive wildlife and creates a likelihood of injury to them, and is not a generally accepted animal husbandry practice. As with Raoul, the failure to secure a proper veterinary diagnosis and the concomitant failure to ensure that the treatment regimen was appropriately prescribed and appropriately administered in my opinion harms and harasses captive wildlife and creates a likelihood of injury to them, and is not a generally accepted animal husbandry practice. As above, in my opinion the unauthorized practice of veterinary medicine likewise harasses captive wildlife, creates a likelihood of injury to them, is not a generally accepted animal husbandry practice, and fails to meet the minimum humane care and treatment standards.

18. There is no reason that a big cat should develop pneumonia during winter months, “cold snap” or no. As Dr. Pries rightly said, big cats “in Siberia, Northern India”, survive cold winters in the wild. (Ex. 7 at 0544 (Tr. P. Sellner 126:3–9)). The defendants also acknowledge that their big cats are “acclimated to outdoor temps.” (Ex. 3 at 0277). A common reason a big cat might get sick in the cold is because he or she cannot find adequate shelter and has inadequate body mass to insulate from the cold. This can be because of poor diet or other predisposing illness. When a cat can get inside and remain warm, there is no reason for dying of a cold snap. Either Casper’s den box was insufficiently warm, or there was something inside his den box—

like accumulated feces or even a skunk—that rendered his den box inhospitable. The only other explanation is that Casper was so thin that he could not insulate himself. Either way, in my opinion the Sellners failed to provide sufficient shelter or sufficient nutrition, and in my opinion this harasses captive wildlife, creates a likelihood of injury to them, is not a generally accepted animal husbandry practice, and fails to meet the minimum humane care and treatment standards.

19. Casper is the same cat who apparently simultaneously had an open wound measuring six square inches the inside of his left front leg. (Ex. 2 at 0262–0263). In my opinion this is a large wound that required veterinary care, and the USDA agreed. (Ex. 2 at 0262–0263). It should worry any veterinarian that Casper reportedly died of “pneumonia” or “quick pneumonia” within a month of the USDA’s having cited the defendants for having given Casper “no treatment,” and for having received “no treatment guidelines” from their attending veterinarian. (Ex. 2 at 0262). Nowhere among the records I reviewed was there a diagnosis for how Casper developed the lesion on his leg apart from an offhanded remark that he suffered from “just rubs” and that he had been “licking” those rubs. (Ex. 7 at 0428) (Tr. P. Sellner 167:6–14); *see also* (Ex. 4 at 0320) (a letter dated Oct. 8, 2014—some few weeks before Casper died—in which Dr. Pries indicates to Ms. Sellner that he “look[ed]” at the lesion on Casper’s leg and concluded it would be fine if the cat continued to lick it clean and Ms. Sellner administered amoxicillin in ground meat). Ms. Sellner claims that the lesion on Casper’s leg “opened up the day before” her inspection. (Ex. 7 at 0428 (Tr. P. Sellner 167:15–17)) (“I just happened to get inspected that day.”). This apparent justification is entirely in keeping with her many attempts to suggest that problems at her Zoo arise only on a given morning, with such surprising urgency that she could neither have anticipated nor remedied them before she got in trouble. (Ex. 7 at 0391 (Tr. P. Sellner 18:6–14)) (“They came knowing that I [have a] dairy farm. They came—I

just walked out of the door of my barn and I was going to head over to my zoo. I hadn't done any chores yet. And they proceeded to do an inspection, and they just went all crazy and nothing was done.”). In any event, the records do not indicate that Casper’s lesion was evaluated as a possible cancer or other more serious medical condition instead of a “rub.” If the antibiotic regimen had not healed his lesion, or had healed it only externally, then the “puffing” that Casper suffered shortly before his death was unlikely to have been pneumonia. Antibiotics are the ordinary treatment regimen for pneumonia, and yet Casper was already on antibiotics, suggesting that Casper certainly did not have bacterial pneumonia even if he may have had viral pneumonia. There is a chance that the wound on his leg was indeed a cancer and that the cancer had metastasized to his lungs or liver and for this reason he was having difficulty breathing. There is also a chance that the lesion and the “pugging” were completely unrelated, and the perceived pneumonia was actually heart failure or canine distemper, a highly contagious and deadly disease in big cats. In my opinion, the failure to properly diagnose Casper’s leg and his illness harassed him, created a likelihood of injury to him, and is not a generally accepted animal husbandry practice. As with Raoul, in my opinion the failure to have conducted a necropsy on Casper harasses captive wildlife, creates a likelihood of injury to them, is not a generally accepted animal husbandry practice, and fails to meet the minimum humane care and treatment standards, since Casper may have had a communicable disease, and since the Sellners cannot know how to prevent other cats from dying of the same thing that killed Casper.

20. As a third example, the defendants’ tiger Luna, who died reportedly of “e-coli” at some indistinct time in 2014, possibly in November. (Ex. 3 at 0272); (Ex. 7 at 0430 (Tr. P. Sellner 174:4–13)). Similar to Casper, Luna died at just eleven years old, roughly half the age



expected for a properly cared for tiger in captivity. Compare (Ex. 4 at 0335) (reporting Luna's date of birth as "6-03") with (Ex. 3 at 0272) (reporting Luna's date of death as "2014").

21. Ms. Sellner insists that she discussed Luna's illness with her veterinarian, but as with both Raoul and Casper, she did so only over the phone. "I don't know if [Dr. Pries] came out that day, but we did discuss it on the phone and he prescribed antibiotics, and I got the antibiotics and that's what we put her on." (Ex. 7 at 0430 (Tr. P. Sellner 174:19–22)). In my experience, if a captive big cat were to suffer from E. coli, enough to cause death, that would be a very memorable diagnosis, since it is uncommon for a captive big cat to suffer from E. coli unless it were in the case of a bladder infection. In that case the animal would be frequently urinating blood. Moreover, without a culture, performed sterilely and by a veterinarian who knew what samples to take, it is impossible to differentiate E.coli from other enteric pathogens, like Salmonella spp. or Clostridium spp. or any number of other causes of death. Dr. Pries, however, had little memory of Luna even having existed, let alone a memory regarding what killed her. When plaintiffs' counsel asked Dr. Pries whether he remembered Luna, he answered only that "the name rings a bell." (Ex. 7 at 0545 (Tr. J. Pries 130:17–19)). When plaintiffs' counsel asked Dr. Pries if he remembered what had killed Luna, he answered "No." (Ex. 7 at 0545 (Tr. J. Pries 130:20–21)). When plaintiffs' counsel sought to refresh his memory by reporting that Luna may have died of E. coli and then asked if that sounded familiar, he again answered "No." (Ex. 7 at 0545 (Tr. J. Pries 130:22–24)). Presumably for a bovine or small animal veterinarian to treat a captive big cat would be a memorable experience, as would be a diagnosis of E. coli leading to death. Since Dr. Pries remembers neither of these things, I conclude that, simply put, Dr. Pries is not very engaged in the care of the captive wildlife at the Cricket Hollow Zoo. Regardless, the USDA requires that food given to captive carnivores like

Luna must be wholesome and free from contamination and must maintain an animal in good health. In my opinion, providing food that is so contaminated with E. coli (or Salmonella or other pathogens) that it actually kills an animal harasses captive wildlife, creates a likelihood of injury to them, is not a generally accepted animal husbandry practice, and fails to meet the minimum humane care and treatment standards.

22. These three distinct episodes clearly demonstrate a common theme in the Sellners' care of their big cats, all of which are contrary to proper animal care especially of endangered species: (1) one of the Sellners notices that an animal has become visibly very sick; (2) Ms. Sellner calls her veterinarian on the phone; (3) her veterinarian makes a diagnosis over the phone, without examining the animal in person; (4) her veterinarian recommends a course of treatment based on an incomplete evaluation and diagnosis, and supplies both "injectable" and oral medications; (5) Ms. Sellner herself administers that course of treatment even if it constitutes the unlicensed practice of veterinary medicine, (6) the animal dies despite the administration of the recommended course of treatment; (7) no necropsy is performed. An example of proper care would include these basic diagnostics: bloodwork, urinalysis, radiographs and cultures. If my patient were off food for more than 24 hours—that is, were not eating at all, or were eating significantly less and with less gusto than previously—I would go to that facility and evaluate the animal. A tiger can die within 72 hours of going off food, so it is imperative that a diagnosis be obtained immediately. If possible, I would place the animal in a squeeze cage and draw blood and try to collect urine. I would also examine and perform a microscopic evaluation of the feces in the hospital or by sending it to the lab. If I could not get the bloodwork with the animal awake, I would anesthetize the animal, collect the samples needed and get radiographs with ultrasounds and endoscopy available, in case I were to find a condition

that required these diagnostic tools. While the animal was under, the animal would be receiving fluids, both IV, for immediate rehydration and subcutaneously for slower absorption and longer effect. The animal would then have vitamins and antibiotics administered accordingly. The animal would be woken up in a transfer cage and not allowed into its enclosure until its health was stable enough not to require further intervention. Even if another veterinarian were less fastidious about the safety precautions I utilize, it is nonetheless industry standard to obtain blood work on an animal for whom a caretaker or veterinarian suspects something is wrong, since it is impossible to diagnose an animal correctly without such lab work.

23. It is alarming to me as a veterinarian that so many animals have died at the Zoo and yet the owners almost never perform a necropsy, since a responsible owner or zookeeper and veterinarian would always want to discover the cause of death precisely to learn how to keep all the other animals alive. It is industry standard to necropsy dead animals, unless the cause of death is otherwise obvious, for example the animal had history of treated cancer. By her own admission, in all the years of operation dating back to 1986 Ms. Sellner has necropsied only two animals: an infant lemur and a lynx. *See* [www.crickethollowzoo.com](http://www.crickethollowzoo.com) (“We have been involved with exotic animals since 1986. Starting with an old, ugly llama (that we were very, very proud of) and then a 6 month old cougar.”); (Ex. 7 at 0434 (Tr. P. Sellner 189–190)). Ms. Sellner reportedly does not trust Iowa State Ames to provide a proper diagnosis. (Ex. 7 at 0434 (Tr. P. Sellner 190:5–15)). (“Q. You haven’t had any of your other animals [besides one lemur] necropsied? A. A lynx .Q. But no other ones that are subject to this suit? A. No. Q. Why not? A. I guess because I don’t know if Ames really always knows what they’re looking at. I think that’s probably the only lemur they’ve ever done. Q. So you’re not convinced they have the expertise. A. I guess that’s true.”). Even if Ms. Sellner were right not to trust such a prestigious veterinary

school, services exist, like Northwest ZooPath, a company that reads blood and tissue samples provided by the veterinarian who performs the gross necropsy. These are board certified pathologists who specialize in exotics and have been in existence for more than 20 years and have seen many lemurs before. As I have said, it is impossible for a zookeeper to prevent the spread of communicable disease, or to cure a treatable disease, if she does not know what is killing her animals. Similarly, a responsible veterinarian would insist on necropsies, especially if he observed a pattern of sudden deaths over time.

24. In my consideration of the veterinary services arrangement, I have also evaluated how helpful it might be to these animals' situation if they were to receive more direct veterinary attention from Dr. Pries, the Sellners' designated attending veterinarian. My conclusion is, unfortunately, that it would be unlikely to be helpful. Dr. Pries does not have the specialized training that someone treating big cats and other exotic animals like wolves and servals might be expected to have. He would have to learn from apprenticeship, from continuing education and be dedicated to this type of medicine. In my experience, veterinarians interested in exotics work will shadow veterinarians at zoos once a week for at least a year as they develop their ability to treat captive wildlife themselves. In other words, for Dr. Pries to be an effective captive wildlife veterinarian he would really have to want that skill set, and he would have to approach his treatment of captive wildlife as a serious endeavor rather than a novelty. In my opinion, the failure to hire an appropriately experienced and qualified veterinarian harasses captive wildlife, creates a likelihood of injury to them, is not a generally accepted animal husbandry practice, and fails to meet the minimum humane care and treatment standards.

25. Although it was Dr. Pries who signed the Zoo's Program of Veterinary Care, the records are unclear as to whether he carries it out, or whether the Sellners even have an attending

veterinarian at all. Plaintiffs' Interrogatory No. 9 asked the defendants to list "every veterinarian" who has provided care to their endangered animals. Defendants listed in their response only Dr. Pries and his predecessor Dr. Kevin Esch as veterinarians. (Ex. 3 at 0279). However, Dr. Pries admits that other veterinarians in his clinic work on the Sellners' animals. *See, e.g.*, (Ex. 7 at 0526 (Tr. Pries 41:14–21)) ("Q. You never treated that tiger? A. No, Brian did. I wasn't in there that day when he took those pictures."). According to Dr. Pries, Pam Sellner "uses whoever she wants to" for a veterinarian, whether at his clinic or "uptown." (Ex. 7 at 0511 (Tr. Pries 155:13–156:6)). Similarly, Dr. Pries has no memory of ever treating a lemur either at his clinic or down at the Zoo. (Ex. 7 at 0541 (Tr. Pries 114:2–16)). And yet, according to the defendants' records, five lemurs died in as many years (between 2006 and 2011). (Ex. 3 at 0275). I can only conclude that Dr. Pries is the attending veterinarian in name only. In my opinion, such an arrangement violates the USDA's requirement that an exhibitor must make sure that the attending veterinarian has enough authority to ensure the provision of adequate veterinary care and to oversee that care. In my opinion, for an exhibitor to fail to adhere to the USDA's requirement that the attending veterinarian have appropriate authority to ensure adequate veterinary care and other animal care harasses captive wildlife, creates a likelihood of injury to them, is not a generally accepted animal husbandry practice, and fails to meet the minimum humane care and treatment standards.

26. Even when Ms. Sellner does use Dr. Pries or his clinic, Dr. Pries does not keep adequate records, which is contrary to good practice standards. Every time I treat a client's animal, my clients get copies of everything I have written and produced, including bloodwork, x-rays, or any other lab work, in case the client has to go to another veterinarian. In this case, no such records exist. I found no bloodwork, no lab work, no cultures, no diagnoses or treatment protocols. I found only a single, three-page, unintelligible printout of itemized costs that cover

the period April 23, 2007, through February 5, 2015. (Ex. 4 at 0290–0292). Frankly, I am quite surprised and appalled that every veterinary treatment for a rotating set of 300 zoo animals across eight years of treatment could fit on just three pages. Even putting aside the paucity of those treatments, in my opinion, the failure to keep sufficient records so that the client may ensure the animals’ proper care harasses captive wildlife, creates a likelihood of injury to them, is not a generally accepted animal husbandry practice, and fails to meet the minimum humane care and treatment standards.

27. As I have suggested, Dr. Pries does not appear to take seriously his role as attending veterinarian for 300 wild animals, some of whom are endangered and threatened species. Dr. Pries’ treatment protocols are extremely lacking in what the general standards are for treatment of captive wildlife. For example, the defendants’ Program of Veterinary Care (PVC) is apparently current only through 2009, even though Dr. Pries has signed it in the intervening years. (Ex. 4 at 0293–0298). The USDA requires the attending veterinarian to discuss various topics of the PVC with the exhibitor, including categories like “Pest Control and Safety,” “Quarantine Procedures,” “Zoonoses,” “Environment Enhancement (*Primates*),” and “Species-Specific Behavior.” (Ex. 4 at 0297). Dr. Pries checked each of the boxes indicating he had discussed the aforementioned topic with Ms. Sellner but had little to say about them at deposition. For example, when plaintiffs’ counsel asked Dr. Pries what he had discussed with Ms. Sellner about environmental enhancement for primates, a USDA requirement, he said only that “I guess it’s play time and what some toys are and . . .,” then trailed off insisting “That’s not my role as veterinarian.” (Ex. 7 at 0539 (Tr. Pries 107:2–14)). In actual fact, USDA regulation makes this precisely the attending veterinarian’s job. Dr. Pries likewise stated he could not remember anything about species-specific behavior without having “the paper” in front of him.

(Ex. 7 at 0539 (Tr. Pries 107:19–21)). This seems unusual to me since a bovine veterinarian might remember discussing those exotic species he ordinarily does not treat, unless he had very little to say about exotic species about which he knows too little.

28. Whatever Dr. Pries did or did not discuss with Ms. Sellner, the Program of Veterinary Care he developed is worrisomely lacking. First, he does not include canine distemper vaccines or other essential vaccines like FVRCP<sup>4</sup> that should be administered to big cats. (Ex. 4 at 0296–0297). Second, for carnivore vaccinations Dr. Pries writes only “rabies vaccine if warranted.” (Ex. 4 at 0297). Common sense demonstrates, and my experience bears out, that a rabies vaccination is *always* warranted among animals who have never had it, since they might get it at any moment from rabies carriers like bats, raccoons, or skunks who might enter their enclosures, especially in a state like Iowa where, according to the Iowa Department of Public Health, animals are infected with rabies every year. The deworming protocol is similarly lacking. Dr. Pries writes only “Panacur oral deworming.” (Ex. 4 at 0296). In actual fact, it is industry standard that a captive wildlife veterinarian or owner should rotate between three different deworming medicines so that quarterly or three times a year the animal gets a different dewormer. In every place where I have worked, across multiple states, every facility has followed this practice, and any deviation from this practice would be immediately recognized as a mistake. According to the Zoo’s records chronicling the implementation of the PVC, all the animals there receive the de-wormer Panacur in every instance of deworming. (Ex. 4 at 0313–0315, 0321–0337). Moreover, even if Panacur could be used in isolation, Panacur is not a single-dose drug; it must be administered three days in a row and then repeated in two weeks’ time

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<sup>4</sup> FVRCP is an industry standard 3-in-1 vaccine commonly called “feline distemper vaccine.” It consists of feline rhinotracheitis virus (i.e. feline herpesvirus), calicivirus, and panleukopenia. The first two prevent respiratory illness; the third prevents a highly infectious and sometimes fatal disease of the gastrointestinal tract, the immune system and the nervous system.

again three days in a row. The Zoo's notes indicate only a one-time annual administration, and include no annotations regarding multiple dosages. Regardless of the status of fecal examination, it is important to deworm animals, especially young animals, who are eating a diet of raw meat. Older animals have developed some immunity to worms over time, but younger animals have no immunity to fight worms and at the same time are desperate for calories. Thus it does not appear that the carnivores at the Zoo are receiving the proper deworming protocol. (Ex. 4 at 0313–0315, 0321–0337). In my opinion, the failure to set forth and adhere to an adequate PVC, including sufficient preventive care like vaccination and deworming protocols, harasses captive wildlife, creates a likelihood of injury to them, is not a generally accepted animal husbandry practice, and fails to meet the minimum humane care and treatment standards.

29. I also evaluated the defendants' more general animal husbandry practices based on the record. Animal husbandry practices are relevant to veterinary concerns in that longevity results not merely from thoughtful preventive medicine but also from proper diet, proper hygiene to prevent disease and reinfestation of parasites, and adequate exercise and mental stimulation. First, the state of hygiene at the Zoo does not satisfy the minimum requirements of humane care and treatment standards—for example requiring the regular removal and disposal of animal waste—and does not comport with generally accepted animal husbandry practices. For at least the last several years, the big cat enclosures and the wolf enclosures have been rife with accumulating feces. *See, e.g.*, (Ex. 2 at 0061) (citing waste piled up near the lion, leopard, tiger, and bear enclosures); (Ex. 1 at 0028) (citing an excessive accumulation of animal waste in two tiger and two lion enclosures); (Ex. 1 at 0041) (citing a large accumulation of animal waste within three of the tiger enclosures, two of the lion enclosures and the wolf enclosure); (Ex. 2 at 0248) (citing a build-up of old feces and food waste in the wolf enclosure); (Ex. 2 at 0256)



(identical to previous); *see also* (Ex. 8 at 0652, 0676, 0677, 0679, 0680). Since most big carnivores defecate only once or twice each day, the accumulation of anything beyond one or two piles of feces indicates an unacceptable lapse in cleaning. The failure to manage fecal matter properly makes an animal's enclosure inhospitable, since any animal will naturally seek to avoid his or her own waste. In small enclosures, like those at Cricket Hollow, this becomes difficult for the animals. Accumulated feces is also a breeding ground for flies. It is unsurprising therefore that flies are a routine problem at the Zoo. *See, e.g.* (Ex. 1 at 0021) (citing an excessive presence of flies throughout facility and observing that the presence of flies increases disease risks and fails to provide for the comfort of the animals."); (Ex. 2 at 0093) (citing a large number of flies in an enclosure containing two tigers observing that flies can transmit diseases to the animals and contaminate the animal's feed); (Ex. 1 at 0033) (citing a large number of flies throughout entire facility and observing that flies are present within some of the animal enclosures and can be seen landing on the animals, food, and animal waste); *see also* (Ex 8 at 0572) (photograph of lion with biting flies). As the USDA has rightly indicated in its inspections, biting flies not only annoy and harass captive animals but can also carry disease from animal to animal. In my opinion, the failure to manage animal waste and flies harasses captive wildlife, creates a likelihood of injury to them, is not a generally accepted animal husbandry practice, and fails to meet the minimum humane care and treatment standards.

30. Many of the endangered animals at the Zoo are housed in enclosures for which the substrate consists of an inexpensive material, pea gravel. (Ex. 9 at 0576–0579, 0648). Big cats, wolves and servals in the wild would have grass and soil beneath their feet, not the broken rocks that make up pea gravel. For use in animal husbandry, pea gravel is neither industry standard nor desirable to the animals. It is industry standard in captive husbandry to provide

elevated platforms over dirt substrate in which grass grows in the wet season. In contrast, the Zoo's tigers appear to lack elevated platforms, and have only rudimentary den boxes. (Ex. 8 at 0575, 0649). Pea gravel is really hard to clean: the use of pea gravel inevitably makes the enclosure like one giant uncomfortable litter box, and yet it does not clump like regular litter. When raking gravel, it is impossible to ensure that fecal matter, especially if an animal has had diarrhea, comes off the gravel and is removed from the animal's enclosure. Pea gravel is not a preferable animal husbandry practice and is not conducive to proper animal hygiene nor animal health and welfare. The USDA acknowledged this when it cited the defendants for deficiencies in their housing of animals, observing that within the wolf enclosure "there is a build-up of old feces and food waste mixed in with the dirt and gravel that makes up the floor of the enclosure." (Ex. 2 at 0247) (observing that the failure to properly clean and sanitize primary enclosures can lead to disease hazards for the animals); (Ex. 2 at 0256) (identical to previous); *see also* (Ex. 8 at 0686) (photograph of old feces ground into pea gravel).

31. The USDA requires exhibitors to provide potable water as often as necessary to provide for the health and comfort of the animals. The USDA has repeatedly cited the Zoo for providing its animals dirty water in violation of this requirement. *See, e.g.*, (Ex. 2 at 0098); (Ex. 8 at 0678, 0677). (observing that at least five enclosures housing six animals had dirty water receptacles with a green color on the interior surface). Once again denying the accuracy and relevancy of the finding, Ms. Sellner testified that she does not think green water is detrimental to an animal. (Ex. 7 at 0449 (Tr. P. Sellner 239–240)). Even if green algae were not always harmful to captive wildlife—and Ms. Sellner admits that it can be (Ex. 7 at 0449 (Tr. P. Sellner 240))—unclean water indicates a failure to provide reliably safe and clean drinking water on a regular basis. The animals themselves may contaminate their water, by dropping their food into

it, by standing in it, or by mistakenly transferring feces into it. *See* (Ex. 8 at 0677). Changing the water regularly helps to prevent the spread of infectious disease that Ms. Sellner is rightfully worried about, including diseases like giardia and other bacterial infections that may spread in the water. In my opinion, the failure to supply fresh drinking water harasses captive wildlife, creates a likelihood of injury to them, is not a generally accepted animal husbandry practice, and fails to meet the minimum humane care and treatment standards.

32. Still other indicators suggest that animal husbandry is lacking at the Zoo. The USDA has cited the defendants many times for cobwebs throughout their facility. *See, e.g.*, (Ex. 2 at 0108) (observing that cobwebs with spiders are present throughout the entire facility); *see also* (Ex. 2 at 0133–0134) (of red-ruffed lemur enclosure)). The presence of cobwebs suggests a zoo staff that is either overworked or inattentive toward the hygiene of their facility. Ms. Sellner has indicated that she thinks cobwebs are an insufficient reason to be cited. (Ex. 7 at 0390–0391 (Tr. P. Sellner 16–20)). The USDA has likewise cited the defendants for their failure to clean “brown to black grime” from the walls of their facility. (Ex. 2 at 0249); *see also* (Ex. 2 at 0136–0137) (“black to brown grime” on wall of baboon enclosure inside reptile house). Ms. Sellner has belittled that characterization of her cleanliness. (Ex. 7 at 0391 (Tr. P. Sellner 17:8–13)) (“My animals are clean and dry and well bedded , and she [Dr. Heather Cole] sees a little grime along the edge of something like this big [indicating an inch in size] or a spider web—a single strand of spider web, I don’t think I should be written up for cobwebs.”).

33. The Zoo’s enrichment plan for big cats is lacking. For example, their plan has mainly to do with food, yet the concept of “enrichment” is much broader than simply physical survival. From a veterinary perspective, environmental enrichment addresses medical concerns such as self-mutilation due to extreme boredom, stereotypical behaviors such as pacing and

rubbing, or frustrations that might lead to teeth breaking behaviors like fence chewing. It is widely known across the captives industry that big cats like to do other things beside eat: they enjoy playing with balls, to bat around tires, to tear apart boxes, to run around in adequate space; they likewise enjoy scents, like peppermint, or to be exposed to new smells when their cages are reversed temporarily, and they can explore the smells of other cats in other spaces. Part of the idea of behavioral and environmental enrichment is changing it up so the animals encounter new items and new experiences. Although the Sellners indicate that the tigers have “bowling balls, tires or large plastic drums”, (Ex. 3 at 0277), they do not appear to vary this paltry “enrichment” or even, in some instances, to provide it at all. *See* (Ex. 8 at 0685–0686); (Ex. 8 at 0683); (Ex. 8 at 0583); (Ex. 8 at 0646); (Ex. 8 at 0645). In my opinion, the failure to adequately stimulate such intelligent and complex animals harasses captive wildlife, creates a likelihood of injury to them, and is not a generally accepted animal husbandry practice.

34. Ms. Sellner testified that she had one of the lions declawed because she had raised the cat in her house. (Ex. 7 at 0423 (Tr. P. Sellner 146:5-8)). Like most owners of big cats such as lions and tigers, Ms. Sellner apparently declawed her lion with the intention of making the animal less dangerous to handle. Her case is typical of owners who are private collectors who are trying to make a household pet out of a wild or exotic felid that is, by nature, not a suitable pet. It is rare for public zoos to have declawed cats. Declawing is a surgical procedure, also called onychectomy, in which the animal’s toes are amputated at the last joint. While some animals will have immediate complications from the procedure, it may be many months or years before the damaging effects of declawing become obvious. Declawing may result in permanent lameness, arthritis, and other long-term complications. The stresses caused by the abnormal posture and movement that result from declawing amputation may produce arthritis in the legs, which, in

turn, may cripple the cat further and cause it more suffering. In addition, bone fragments may contain remnants of nail-forming tissue that may continue to grow deep within the foot, causing infection. In more severe and particularly heartbreaking cases, the mutilation from declaw surgery may cause so much tenderness or pain that the animal can move only by walking on his or her “elbows.” Whatever the physiological effects of declawing on a given animal, the veterinary consensus surrounding the cruelty of declawing big cats was fortified by the American Veterinary Medical Association’s (AVMA) condemning the declawing of these cats in 2013. Indeed, the USDA’s Animal Care Program in August 2006 declared “declawing or the removal of canine teeth (fangs) in wild or exotic carnivores . . . is no longer considered to be appropriate veterinary care. . . . These procedures are no longer considered to be acceptable when performed solely for handling or husbandry purposes since they can cause considerable pain and discomfort to the animal and may result in chronic health problems.” *See* USDA Animal and Plant Health Inspection Service (APHIS) August 2006 Policy #3 Veterinary Care, Issue Date Aug. 18, 2006. Accordingly, declawing is no longer allowed under the Animal Welfare Act. *Id.* In my opinion, therefore, declawing harms and harasses a big cat, creates a likelihood of injury to them, is not a generally accepted animal husbandry practice, and fails to meet the minimum humane care and treatment standards.

35. The U.S. Fish & Wildlife Service (FWS) requires those who possess endangered animals to register with the Service before breeding their endangered animals. Those hoping to obtain a captive wildlife breeding registration must also have in place a specific plan for breeding that promotes the survival of the species. Most registrants exhibit such a plan by proving membership in a Taxon Advisory Group or Species Survival Plan (SSP) Program. Additionally, a registrant must also demonstrate that their breeding will educate the public and

promote conservation, either directly or because the registrant donates to entities like nonprofits or wildlife refuges that promote conservation. In short, breeding captive endangered animals merely so that the kittens or cubs will attract visitors does not qualify. The defendants have not registered with FWS, belong to no Taxon Advisory Group, and have not contributed to any entity that promotes conservation. Ms. Sellner testified that the only role FWS plays regarding captive endangered animals is to issue permits for interstate or international commerce. (Ex. 7 at 0400–0402 (Tr. P. Sellner 56–62)). She admitted she had no familiarity with a Taxon Advisory Group and was not a member of any SSP Plan for endangered animals. (Ex. 7 at 0422–0433 (Tr. P. Sellner 144–145)). She likewise admitted that she does not donate to any conservation efforts. (Ex. 7 at 0424 (Tr. P. Sellner 149:1-3)). Nonetheless, Ms. Sellner testified that she has bred tigers, lemurs, and servals. (Ex. 7 at 0424 (Tr. P. Sellner 138–139)). She likewise testified that she will breed her lemurs “if nature takes its course” and that she hopes to breed additional tigers. (Ex. 7 at 0424 (Tr. P. Sellner 141:10-12)). The unregulated breeding of endangered animals concerns me as a veterinarian because the surplus animals are traded to other substandard facilities or ultimately end up in canned hunts or similar untoward fates. In my opinion, the unregulated breeding of endangered animals harasses captive wildlife and creates a likelihood of injury to them.

36. The USDA requires exhibitors to develop highly detailed contingency plans that ensure the humane handling, treatment, transportation, housing, and care of their animals in the event of an emergency or disaster. In my experience working with dozens of owners of captive wildlife, invariably and at the very least the owners maintain nets, darting equipment, and a relationship with an appropriately-matched veterinarian experienced with wildlife who knows how to use darting equipment. Nets and darting equipment are necessary to proper wild animal

care because waiting for externally supplied help often means the animal is farther away from its enclosure and is gripped with increasing fear, making the animal harder to subdue with darts because of the increased epinephrine the animal is experiencing. An owner can do at least rudimentary emergency animal containment without much equipment if the keepers have had drills and have practiced their emergency escape plan. In contrast to this, the defendants' lack of a meaningful emergency or contingency plan further confirms their inability to care for these animals properly. In the case of an animal escape, the Zoo has indicated its intention to "destroy" their large carnivores "as a safety measure." (Ex. 4 at 0305). Similarly, the plan during a tornado is to lock the tigers in their dens, and in the event of a missing animal to "call 911." (Ex. 4 at 0305). Neither of these measures target preventing animal escapes, and protecting the animals from being harmed or harming themselves or unsuspecting members of the public.

Unfortunately, as the 2011 Zanesville, Ohio debacle made all too clear, a sheriff can do little more than to kill a wild animal but only at serious risk to himself and to the community. In my opinion, the failure to provide adequately for emergencies is indicative of the inadequate respect and overwhelming disregard demonstrated over and over again toward these animals, since it can result in needless animal executions and considerable public safety threats, harasses captive wildlife, creates a likelihood of injury to them, and is not a generally accepted animal husbandry practice.

37. Having considered the records in this matter, I have concluded that the defendants are harassing their captive wildlife and creating a likelihood of injury for them. Neither the defendants' veterinary care nor the defendants' animal husbandry comport with generally accepted practices and together account for the extraordinary number of animal illnesses and fatalities at their facility. Given the severity of these deficiencies and the surprisingly cavalier

manner in which the defendants insist that some animals in captivity are simply prone to dying, the defendants are not well positioned to remedy their deficiencies. I must say that if that many animals were dying and I were the attending veterinarian signing off on a Program of Veterinary Care, I would be upset that I were not called more often, and I would contact the authorities for their assistance and intervention.

38. I find extraordinary the blasé acceptance of animal illnesses and fatalities by both the Sellners and Dr. Pries. It would be one thing if Ms. Sellner's big cats and lemurs were dying in their normal lifespan of 20 to 30 years, but many of these animals are dying either as babies or infants or only halfway through their life expectancy. This being the case, I recommend these animals at Cricket Hollow Zoo be immediately rehomed to someone capable of caring for them properly.

Pursuant to 28 U.S.C. § 1746, I certify under penalty of perjury that the preceding is true and correct. I authorize electronic signature of this declaration and provide Plaintiffs' counsel with my original signature page.

/s/ Jennifer Conrad

Jennifer Conrad, D.V.M.

Dated: May 31, 2015



**ATTACHMENT A**

**CURRICULUM VITAE**  
**JENNIFER CONRAD, D.V.M.**

## **DR. JENNIFER CONRAD, D.V.M.**

### **EDUCATION:**

- UC Berkeley - BA in Biology, 1989
- UC Davis School of Veterinary Medicine - DVM, 1994
- Certification in Veterinary Medical Acupuncture (CVA) - 2012
- Certification in Canine Rehabilitation - estimated completion date, 2015

### **PROFESSIONAL MEMBERSHIPS:**

- American Veterinary Medical Association
- American Association of Zoo Veterinarians
- European Association of Zoo and Wildlife Veterinarians

### **WORK EXPERIENCE:**

- Small Animal Veterinary Practice - Associate Veterinarian, 1994-1997
- Los Angeles Zoo - Veterinarian, 1994-1998
- Santa Barbara Zoo - Veterinarian, 1999
- Wildlife Waystation, Tujunga, CA - Head Veterinarian, 1999-2003
- Paw Project - Head Veterinarian, 1999-present
- Solo Private Practice for captive wildlife and domestic animals, 1994-present
- Found Animals Foundation - Veterinary Director of Mobile Spay and Neuter Program, 2010

### **PUBLICATIONS AND PRESENTATIONS:**

- "Deleterious Effects Of Onychectomy (Declawing) in Exotic Felids and a Reparative Surgical Technique: A Preliminary Report," Proceedings of the American Association of Zoo Veterinarians, 2002
- Presenter, Lewis and Clark College Animal Law Conference, 2003
- Lecturer, UCLA School of Law, Animal Law Program, 2003 and 2011
- Lecturer, Western University School of Veterinary Medicine, 2006 and 2014
- Lecturer, Kansas State University School of Veterinary Medicine, 2011

### **HONORS AND AWARDS:**

- Wildlife Waystation Animal Advocate of the Year, 2002
- STAR Education Animal Advocate of the Year, 2003 and 2013
- Kitten Rescue Animal Advocate of the Year, 2009
- Humane Society Veterinary Medical Association (HSVMA) Veterinary Advocate of the Year, 2012
- Stray Cat Alliance Animal Advocate of the Year, 2013
- Commendation for Animal Advocacy from City of Los Angeles, 2013
- Commendation for Animal Advocacy from City of West Hollywood, 2013

### **VETERINARY ADVOCACY AND CHARITABLE WORK:**

- Cheetah Conservation Fund, Volunteer Veterinarian, Namibia, 1996
- Etosha National Park, Rhino Conservation program, Volunteer Veterinarian, Namibia, 1996
- Founder and Director, Paw Project, a nonprofit advocacy organization, 1999-present
- Cambodia Wildlife Sanctuary - Veterinary Medical Director, 2003-present
- Director and Writer, "The Paw Project," a documentary film, 2013