UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. REGISTRATION MO21 58ROIZ

FORM APPROVED OMB NO. 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)
Dumond Conservancy for Primates &

P.O. Box 246 P.O. Box 3091

Miami, FL 33170 Status: Active

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3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.) FACILITY LOCATIONS (Siles)

See Attached

SW 2168 MIAMI

FL 33170

		DESEARCH FACILITY	(Attach adulitional sheets if neo	cessary or use APHIS FORM 7023A.) E. Number of animals upon which teaching.	
A. Animals Covered By The Animal Wellare Regulations	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C Number of animals upon which feaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, leaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report).	F. TOT. OF A (Col:
4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits				-	1
9. Non-human Primates	48	2			
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals		 			
		 			
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ASSURANCE STATEMENTS

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- Professionally acceptable standards governing the care, treatment, and use of animals, including approriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, d and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility
- 2). Each principal investigator has considered alternatives to pamful procedures
- 3). This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by This facility is adhering to the standards and regulations under the ACT, and it has required that exceptions to the standards and regulations be specified and explained by principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspiral. animal care and use.

CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE No

APHIS FURM 7023 (AUG 91)

(Replaces VS FORM 18-23 (OCT 88), which is obsolute)

(b)(a),(b)(7)(c)

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. REGISTRATION NO. 58-R-01VI

FORM APPROVED OMB NO. 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA include Zip Code) DUMOND CONSERVANCY FOR PRIMATES &

TROPICAL FORESTS, INC. P.O. BOX 246 MAMI, FL 33170

CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

<u> </u>					- this form I	
REPORT OF ANIMALS USED BY OR	UNDER CONTROL OF	RESEARCH FACILITY	(Attach adiditional sheets if ne	COSS	ary or use (his form.)	
	B Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.		Number of animals upon which feaching, experiments, research, surgery or fests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the feaching, research, experiments, surgery, or fests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report).	TOTAL NO OF ANIMALS (Cols. C + D + E)
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ASSURANCE STATEMENTS						

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- 2). Each principal investigator has considered alternatives to painful procedures
- 3). This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report to principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected
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animal care and use				
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SIGNATURE OF C.E.O. OF INSTITUTIONAL OF		NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type of		DATE SIGNED NOV 27, 1999
APHIS FORM 7023A		(b)(e),(b)(7)(c)	PART 1 HE	ADQUARTERS