UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.

93 - R - 0/77 OMB NO 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA WILDLIFE WAYSTATEON

14831 LITTLE TUJUNGA CYN. RD ANGELES NAT. FOREST, CA. 91342

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

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach adictitional sheets if necessary or use this form.) B. Number of C Number of animals being Number of animals upon Number of animals upon which teaching, anunais uoon Animals Covered experiments, research, surgery or tests were which experiments. bred. which leaching, conducted involving accompanying pain or distress By The Animal conditioned, or leaching, research. research, Welfare Regulations surgery, or tests were conducted involving to the animals and for which the use of appropriate held for use in experiments, or anesthetic, analgesic, or tranquilizing drugs would TOTAL NO leaching, testing, lesis were OF ANIMALS have adversely affected the procedures, results, or experiments. accompanying pain or conducted interpretation of the teaching, research, research, or distress to the animals involving no experiments, surgery, or tests. (An explanation of and for which appropriate surgery but not pain, distress, or the procedures producing pain or distress in these animals and the reasons such drugs were not used (Cols. C + 12. &/OR 13. Other anesthetic, analgesic, or yel used for such use of pain-(Ust by species) purposes. tranquilizing drugs were relieving drugs. must be attuched to this report). ENTURONE ര ASSURANCE STATEMENTS

1). Professionally acceptable standards governing the care, treatment, and use of animals, including approriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility. 1 874, A1148, AC

2). Each principal investigator has considered alternatives to painful procedures

CAMPAGETO, CA 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. In 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 aspects of

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 of Print)

DATE SIGNED

1999

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

I. REGISTRATION NO. 93-R-0177

FORM APPROVED OMB NO 0579-0036

CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

2. HEADQUARTERS RESEARCH FACILITY (Name and Audress, as registered with USDA (6)(6)) AYSTATEON 14831 LITTLE TUJUNGA CYN. RD

ANGELES NAT. FOREST, CA. 91342 REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use this form.) C Number of animals being D. Number of animals upon E. Number of animals upon which feaching. anunals upon **Animals Covered** bred which experiments. experiments, research, surgery or tests were which leaching, By The Animal conditioned, or conducted involving accompanying pain or distress leaching, research, Wellare Regulations research. held for use in to the animals and for which the use of appropriate surgery, or tests were experiments, or anesthetic, analgesic, or tranquilizing drugs would leaching, testing, conducted involving lesis were TOTAL NO experiments, research, or have adversely affected the procedures, results, or accompanying pain or OF ANIMALS conducted distress to the animals interpretation of the teaching, research, involving no surgery but not and for which appropriate experiments, surgery, or tests. (An explanation of 12. &/OR 13. Other pain, distress, or yel used for such anestheric, analgesic, or the procedures producing pain or distress in these use of pain-(Cols. C + (List by species) animals and the reasons such drugs were not used purposes. tranquilizing drugs were relieving drugs. D + E) must be attuched to this report) ORCAT b ERVAL COT F LEDGE HOG b ASSURANCE STATEMENTS Ĺ

- 1). Professionally acceptable standards governing the care, treatment, and use of animals, including approviate use of anesthetic; analgesic, and tranquilizing drugs, prior to, during,
- 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 Inis racinity is agreting to the standards and regulations under the ACI, 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. In 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 attending veterinary care and to oversee the attending veterinary care.

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)

IGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

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

DATE SIGNED

PHIS FORM 7023A (AUG 91)