According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.						OMB APPROVED 0579-0036 Exp. 10/31/2018
This report is required by law (7 U.S.C. 2143). Failure to report according to the regulations can result in an or and to be subject to penalties as provided for in Section 2150.				o cease and desist	Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2013
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE				1. REGISTRATION NUMBER 23-R-0141		
				2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code)		
ANNUAL REPORT OF RESEARCH FACILITY				POCONO RABBIT FARM & LAB INC		
(TYPE OR PRINT)				306 DUTCH HILL RD		
(
2. DEPODTING FACILITY // intelligentian union prime have a second in a trail means to				CANADENSIS, PA 18325		
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 (Sites)						
(b)(7)(F)						
REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets, if necessary, or use APHIS FORM 7023A.)						
Α.	B. Number of animals	C. Number of animals upon which	D. Number of animals which experiments, teaching, research,	upon E. Numbe experin conduc	r of animals upon which teaching, nents, research, surgery, or tests were ted involving accompanying pain or	F.
Animals Covered By The Animal Welfare Regulations	being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	surgery, or tests we conducted involving accompanying pain distress to the anim and for which appropriate anesthe analgesic, or tranquilizing drugs v used.	approprior or tranquil als affected interpre- tic, experin of the p vere these a	s to the animals and for which the use of nate anesthetic, analgesic, or lizing drugs would have adversely d the procedures, results, or etation of the teaching, research, nents, surgery, or tests. (An explanation procedures producing pain or distress on nimals and the reasons such drugs of used must be attached to this report.)	TOTAL NUMBER OF ANIMALS (Cols. C + D + E)
4. Dogs	0	0	0		0	0
5. Cats	0	0	0		0	0
6. Guinea Pigs	39	0	<mark>1</mark> 32		0	132
7. Hamsters	0	0	0		0	0
8. Rabbits	131	643	9		0	652
9. Non-human Primates	0	0	0		0	0
10. Sheep	8	5	0		0	5
11. Pigs	0	0	0		0	0
12. Other Farm Animals	10	93	0		0	93
13. Other Animals						

ASSURANCE STATEMENTS
1.) Professionally acceptable st

1.) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate 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.

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. 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 provisions of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer (C.E.O.) or Legally Responsible Institutional Official (I.O.)) I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

SIGNATURE OF C.E.O. OR I.O.

NAME AND TITLE OF C.E.O. OR I.O. (Type or Print)

DATE SIGNED

