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
	ons can result in an order to cease	e and desist	Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2013		
UNITED ST ANIMAL AN		1. REGISTRATION NUMBER 35-R-0127				
ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)			LITY SPF NORT 428 S WAS	2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) SPF NORTH AMERICA INC 428 S WASHINGTON STREET MONDOVI, WI 54755		
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 APH/IS FORM 7023A.)						
A. Animals Covered By The Animal Welfare 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 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.	experime conducted distress the appropria tranquilizi affected the interpreta experime of the pro these anii	of animals upon which teaching, nts, research, surgery, or tests were d involving accompanying pain or o the animals and for which the use of teanesthetic, analgesic, or ng drugs would have adversely he procedures, results, or tion of the teaching, research, nts, surgery, or tests. (An explanation cedures producing pain or distress o mals and the reasons such drugs used must be attached to this report.	TOTAL NUMBER OF ANIMALS (Cols. C + D + E)
4. Dogs	0	0	0		0	0
5. Cats	4	84	0		0	84
6. Guinea Pigs	0	0	0		0	0
7. Hamsters	0	0	0		0	0
8. Rabbits	0	0	0		0	0
9. Non-human Primates	0	0	0		0	0
10. Sheep	0	0	0		0	0
11. Pigs	0	0	0		0	0
12. Other Farm Animals						
13. Other Animals						
pa Al						

## ASSURANCE STATEMENTS

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.

(b)(7)(c)

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

DATE SIGNED 26-NOV-2013

JUL 2013