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 and to be subject to penalties	ons can result in an order to cease	e and desist	Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2015				
UNITED ST ANIMAL ANI		1. REGISTRATION NUMBER 58-R-0003						
				2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code)				
ANNUAL REPORT OF RESEARCH FACILITY				UNIVERSITY OF FLORIDA				
	P.O. BOX 1	P.O. BOX 115500						
		GAINESVILLE, FL 32611						
3. REPORTING FACILITY (In necessary.)	List all locations where animal			experimentation,	or held for these purposes. Attach a	dditional sheets, if		
		F	ACILITY LOCATIONS (Sites)					
			(Attach additional sheets, if neces	-	,	-		
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.	experimen conducted distress to appropriate tranquilizin affected th interpretati experimen of the proc these anin	animals upon which teaching, ts, research, surgery, or tests were involving accompanying pain or the animals and for which the use o a anesthetic, analgesic, or g drugs would have adversely e procedures, results, or on of the teaching, research, ts, surgery, or tests. (<i>An explanation edures producing pain or distress or nals and the reasons such drugs sed must be attached to this report.</i>)	TOTAL NUMBER OF ANIMALS (Cols. C + D + E)		
4. Dogs	4	83	131		6	220		
5. Cats	0	0	114		0	114		
6. Guinea Pigs	0	0	129		106	235		
7. Hamsters	0	0	0		0	0		
8. Rabbits	8	0	91		0	91		
9. Non-human Primates	0	0	13		0	13		
10. Sheep	0	0	33		0	33		
11. Pigs	2	0	44		33	77		
12. Other Farm Animals	1	365	74		22	461		
13. Other Animals	581	963	59		6	1028		
ASSURANCE STATEMENTS								

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.

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. 3.)

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).					

DATE SIGNED 04-APR-2016

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	
This report is required by law (7 U.S.C. 2143). Failure to report according to the regulations can result in an order to cease and desist and to be subject to penalties as provided for in Section 2150. Interagency Report Control No. 0180-DOA-AN							Fi	scal Year 2015
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE				1. REGISTRATION NUMBER 58-R-0003				
CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)				 2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) UNIVERSITY OF FLORIDA P.O. BOX 115500 GAINESVILLE, FL 32611 				
REPORT OF ANIMALS USE	D BY OR UNDER CONTROL	OF RESEARCH FACILITY		nal sheets if necess	ary or use this f	form.)		
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.	which e teaching surgery conduct accomp or distre animals which a anesthe	r of animals upon xperiments, g, research, o, or tests were teed involving anying pain sess to the and for ppropriate tic, analgesic, or izing drugs were	experime were cor pain or d which the analgesii or interpr experime of the pro on these	of animals upon which teaching, ints, research, surgery, or tests diducted involving accompanying istress to the animals and for e use of appropriate anesthetic, c, or tranquilizing drugs would hav y affected the procedures, results, teation of the teaching, research, ents, surgery, or tests. (An explane ocedures producing pain or distres animals and the reasons such dru used must be attached to this rep	ation ss ugs	F. TOTAL NUMBER OF ANIMALS (Cols. C + D + E)
CHINCHILLAS	5	0		32		6		38
DEER MICE	176	368		0	0			368
RICE RATS	344	595		0		0		595
SPINY MICE	56	0		27		0		27
ASSURANCE STATEMENTS	S				1			

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).							
	DATE SIGNED						