According to the Paperwork F it displays a valid OMB contro collection is estimated to ave needed, and completing and	OMB APPROVED 0579-0036 Exp. 10/31/2018							
This report is required by law and to be subject to penalties	ns can result in an order to ceas	se and desist	Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2013				
UNITED ST ANIMAL AN		1. REGISTRATION NUMBER 71-R-0110						
ANNUAL RE	ITY ARKANSA P. O. BOX	2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) ARKANSAS STATE UNIVERSITY - BEEBE P. O. BOX 1000 BEEBE, AR 72012						
3. REPORTING FACILITY (	List all locations where animal	ls were housed or used in actual	in the second	1000000000	, or held for these purposes. Attach	additional sheets, if		
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 USE	ED BY OR UNDER CONTROL	OF RESEARCH FACILITY (At	ltach additional sheets, if neces	ssary, or use APF	HIS 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.		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.	E. Number of experime conducted distress to appropria tranquilizi affected ti interpreta experime of the pro these ani	of animals upon which teaching, of animals upon which teaching, nts, research, surgery, or tests were d involving accompanying pain or o the animals and for which the use te anesthetic, analgesic, or ing drugs would have adversely he procedures, results, or tion of the teaching, research, nts, surgery, or tests. (An explanatio cedures producing pain or distress or mals and the reasons such drugs used must be attached to this report	of TOTAL NUMBER OF ANIMALS (Cols. C + D + E)		
4. Dogs	0	30	71		0	101		
5. Cats	0	0	23		0	23		
6. Guinea Pigs	0	2	0		0	2		

7. Hamsters	0	1	0	0	1
8. Rabbits	0	1	0	0	1
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	0	2	0	0	2
13. Other Animals	0	3	0	0	3

## 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.

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.

(6), (b)(7)(c)

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

DATE SIGNED

