| 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 of 2000 and 2000 |   |  |  |   |  |   |  |
|--|---|--|--|---|--|---|--|
|  | ons can result in an order to cease   | e and desist   | Interagency Report Control<br>No. 0180-DOA-AN  | Fiscal Year 2014  |  |   |  |
| UNITED ST<br>ANIMAL ANI  |   | 1. REGISTRATION NUMBER<br>84-R-0045  |  |   |  |   |  |
|  |   |  |  | ERS RESEARC   | H FACILITY (Name, address, and tele<br>ZIP Code)   | phone number as                                       |  |
| ANNUAL REPORT OF RESEARCH FACILITY   |   |  | •  | Colorado Parks and Wildlife   |  |   |  |
|  |   | 317 W. PROSPECT RD.  |  |   |  |   |  |
|  | FORT COL  | FORT COLLINS, CO 80526   |  |   |  |   |  |
| 3. REPORTING FACILITY (Increases)  | List all locations where animal   | s were housed or used in act   | ual research, testing, teaching, or  | experimentation   | , or held for these purposes. Attach a   | lditional sheets, if                                  |  |
|  |   | F  | ACILITY LOCATIONS (Sites)  |   |  |   |  |
|  |   |  |  |   |  |   |  |
|  |   |  |  |   |  |   |  |
|  |   |  | (Attach additional sheets, if neces  | -   | ,  | -   |  |
| A.<br>Animals Covered By<br>The Animal<br>Welfare Regulations  | B.<br>Number of animals<br>being bred,<br>conditioned, or held<br>for use in teaching,<br>testing, experiments,<br>research, or surgery<br>but not yet used for<br>such purposes. | C.<br>Number of animals<br>upon which<br>teaching, research,<br>experiments, or<br>tests were<br>conducted involving<br>no pain, distress, or<br>use of pain-relieving<br>drugs. | D. Number of animals upon<br>which experiments,<br>teaching, research,<br>surgery, or tests were<br>conducted involving<br>accompanying pain or<br>distress to the animals<br>and for which<br>appropriate anesthetic,<br>analgesic, or<br>tranquilizing drugs were<br>used. | experime<br>conducte<br>distress t<br>appropria<br>tranquilizi<br>affected t<br>interpreta<br>experime<br>of the pro<br>these ani | f animals upon which teaching,<br>nts, research, surgery, or tests were<br>d involving accompanying pain or<br>o the animals and for which the use of<br>te anesthetic, analgesic, or<br>ing drugs would have adversely<br>he procedures, results, or<br>tion of the teaching, research,<br>nts, surgery, or tests. (An explanation<br>occdures producing pain or distress on<br>mals and the reasons such drugs<br>used must be attached to this report.) | F.<br>TOTAL NUMBER<br>OF ANIMALS<br>(Cols. C + D + E) |  |
| 4. Dogs  | 0   | 0  | 0  |   | 0  | 0   |  |
| 5. Cats  | 1   | 0  | 0  | 0   |  | 0   |  |
| 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  | 15  | 78   | 0  |   | 0  | 78  |  |
|  |   |  |  |   |  |   |  |
|  |   |  |  |   |  |   |  |
|  |   |  |  |   |  |   |  |
| 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 12-NOV-2014

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| unless it displays a valid OM   | IB control number. The valid C<br>rage 2 hours per response, in   | OMB control number for this in<br>cluding the time for reviewing  | sor, and a person is not required<br>formation collection is 0579-0036<br>instructions, searching existing d   | 5. The time require  | ed to complete this information   | OMB APPROVED<br>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. No. 0180-DOA-AN |   |   |  |  |   | Fiscal Year 2014             |
|   | ATES DEPARTMENT<br>D PLANT HEALTH IN  |   | 1. REGISTRATI<br>84-R-004  |  |   |                              |
| CONTINU<br>REPOR  | L with USDA, ind<br>Colorado F<br>317 W. PR   | <ul> <li>2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code)</li> <li>Colorado Parks and Wildlife</li> <li>317 W. PROSPECT RD.</li> <li>FORT COLLINS, CO 80526</li> </ul> |  |  |   |                              |
|   |   |   | (Attach additional sheets if neces   |  | ,   |                              |
| A.<br>Animals Covered By<br>The Animal<br>Welfare Regulations   | B.<br>Number of animals<br>being bred,<br>conditioned, or held<br>for use in teaching,<br>testing, experiments,<br>research, or surgery<br>but not yet used for<br>such purposes. | C.<br>Number of animals<br>upon which<br>teaching, research,<br>experiments,<br>or tests were<br>conducted involving<br>no pain, distress, or<br>use of pain-relieving<br>drugs.  | D. Number of animals upon<br>which experiments,<br>teaching, research,<br>surgery, or tests were<br>conducted involving<br>accompanying pain<br>or distress to the<br>animals and for<br>which appropriate<br>anesthetic, analgesic, or<br>tranquilizing drugs were<br>used. | experime<br>were con-<br>pain or di<br>which the<br>analgesic<br>adversely<br>or interpri-<br>experime<br>of the pro<br>on these | f animals upon which teaching,<br>nts, research, surgery, or tests<br>ducted involving accompanying<br>stress to the animals and for<br>use of appropriate anesthetic,<br>, or tranquilizing drugs would have<br>r affected the procedures, results,<br>teation of the teaching, research,<br>nts, surgery, or tests. (An explana<br>cedures producing pain or distres<br>animals and the reasons such dru<br>used must be attached to this rep | (Cols. C + D + E)<br>s<br>gs |
| BIG HORN SHEEP  | 5   | 32  | 0  | 0  |   | 32                           |
| ELK   | 1   | 14  | 0  | 0  |   | 14                           |
| MULE DEER   | 0   | 3   | 0  | 0  |   | 3                            |
| PRONGHORN   | 1   | 0   | 0  | 0  |   | 0                            |
| MOUNTAIN LION   | 0   | 3   | 0  | 0  |   | 3                            |
| BOBCAT  | 0   | 1   | 0  | 0  |   | 1                            |
| STRIPED SKUNK   | 3   | 3   | 0  | 0  |   | 3                            |
| GUNNISON SAGE GRO   | USE 3   | 0   | 0  |  | 0   | 0                            |
| CANADA GOOSE  | 0   | 22  | 0  | 0  |   | 22                           |
| MOOSE   | 2   | 0   | 0  |  | 0   | 0                            |
|   |   |   |  |  |   |                              |
|   |   |   |  |  |   |                              |
|   |   |   |  |  |   |                              |
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|   |   |   |  | 1  |   |                              |
|   |   |   |  |  |   |                              |
| ASSURANCE STATEMENT   | s   |   |  | 1  |   |                              |

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|---|-------------|--|--|--|--|--|--|
|   | DATE SIGNED |  |  |  |  |  |  |

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