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 APPROV 0579-0036 Exp.: 10/31/20 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 Interagency Report Control Exercised Vegr 2						
and to be subject to penalties UNITED ST	1. REGISTRAT		No. 0180-DOA-AN	Fiscal Year 2013		
ANIMAL AN		93 - R-0053				
		 HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) 				
ANNUAL RE		PIERCE COLLEGE				
	6201 WINN	6201 WINNETKA AVENUE				
	WOODLAN	WOODLAND HILLS, CA 91371				
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.	В.	с.	Number of animals upon which experiments,		f animals upon which teaching, nts, research, surgery, or tests we	F.
	Number of animals being bred,	Number of animals upon which	teaching, research, surgery, or tests were	conducted	I involving accompanying pain or the animals and for which the us	
Animals Covered By conditioned, or held experiments, or			conducted involving accompanying pain or	appropria	le anesthetic, analgesic, or ng drugs would have adversely	TOTAL NUMBER OF ANIMALS
Welfare Regulations	Regulations testing, experiments, conducted involving and for which		distress to the animals	affected t	ne procedures, results, or tion of the teaching, research,	(Cols, C + D + E)
	but not yet used for such purposes.	no pain, distress, or use of pain-relieving	appropriate anesthetic, analgesic, or	experiment	nts, surgery, or tests. (An explanat cedures producing pain or distress	ion
		drugs.	tranquilizing drugs were used.	these anii	nals and the reasons such drugs used must be attached to this repo	
4. Dogs	0	37	40	0		77
5. Cats	0	17	10	0		27
6. Guinea Pigs	0	0	0	0		0
7. Hamsters	0	0	0	0		0
8. Rabbits	0	8	0	0		8
9. Non-human Primates	0	0	0	0		0
10. Sheep	0	17	0		0	17
11. Pigs	0	1	0		0	1
12. Other Farm Animals	0	65	0		0	65
13. Other Animals						
ASSURANCE STATEMENT	S					

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.

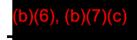
4.) The attending veterinarian for this research facility has appropriate authority to ensure the provisions of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

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 LO.

NAME AND TITLE OF C.E.O. OR I.O. (Type or Print) Obtained by Rise for Animals. U



DATE SIGNED

10aded208/12/2020