According to the Paperwork it displays a valid OMB contr collection is estimated to ave needed, and completing and	OMB APPROVED 0579-0036 Exp.: 10/31/2018									
	(7 U.S.C. 2143). Failure to r s as provided for in Section 21	sult in an order to cease	e and desist	Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2012					
UNITED ST ANIMAL AN	1. REGISTRATION NUMBER 14-R-0025									
				2. HEADQUARTE registered with	lephone numb	per as				
ANNUAL REPORT OF RESEARCH FACILITY				HOLYOKE	HOLYOKE COMMUNITY COLLEGE					
	303 HOMES	303 HOMESTEAD AVE VET & ANIMAL SCIENCE								
	(TYPE OR PRIN	,								
				HOLYOKE,	MA 01040					
3. REPORTING FACILITY (necessary.)	List all locations where anima	Is were housed or used in act	tual researd	ch, testing, teaching, or	experimentatio	on, or held for these purposes. Attach	additional she	ets, if		
		F	ACILITY L	OCATIONS (Sites)						
		(b)(7)(F)								
REPORT OF ANIMALS USE	ED BY OR UNDER CONTRO	L OF RESEARCH FACILITY	(Attach ad	ditional sheets. if neces	sarv. or use Al	PHIS FORM 7023A.)				
A. Animals Covered By The Animal	B. Number of animals being bred, conditioned, or held for use in teaching	C. Number of animals upon which teaching, research, experiments, or	D. Nur whie tead surg con	nber of animals upon ch experiments, ching, research, gery, or tests were ducted involving pamapying pain or	E. Number experim conduct distress appropr	r of animals upon which teaching, ents, research, surgery, or tests were ted involving accompanying pain or to the animals and for which the use iate anesthetic, analgesic, or triang drugs would have adversely.	TO	OTAL NUMBER		

Animals Covered By The Animal Welfare Regulations	conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress on these animals and the reasons such drugs were not used must be attached to this report.)	TOTAL NUMBER OF ANIMALS (Cols. C + D + E)
4. Dogs	0	0	0	0	0
5. Cats	0	2	0	0	2
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					
13. Other Animals					
ASSURANCE STATEMENTS					

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).

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

SIGNATURE OF C.E.O. OR I.O.

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

DATE SIGNED

APHIS FORM 7023 JUL 2013