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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 personal conference and confer

OMB APPROVED 0579-0036

needed, and completing and reviewing the collection of information.

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 Fiscal Year: 2009

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

REGISTRATION NUMBER: 21-R-0013

Customer Number: 282

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include ZIP Code)

State University Of New York Newell Vet Tech Center 101b 34 Cornell Dr Canton, NY 13617

NOV 0 9 2009

Telephone: (315) 386 7074 3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or hold for these purposes. Attach additional sheets if FACILITY LOCATIONS (Sites) See Attached Listing REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A.) Number of animals upon Number of animals upon which teaching, experiments, research, surgery, or tests which experiments. Number of animals conducted involving accompanying pain or distress to the animals and for which the use of teaching, research, Number of animals upon which being bred surgery, or tests were teaching, research, TOTAL NUMBER conducted involving appropriate anesthetic, analgesic, or conditioned, or held Animals Covered By experiments, or tranquilizing drugs would have adversely **OF ANIMALS** The Anima for use in teaching, accompanying pain or tests were conducted involving distress to the animals and for which affected the procedures, results, or testing, experiments Welfare Regulations (Cols. C + D + E) interpretation of the teaching, research research, or surgery no pain, distress, or use of pain-relieving experiments, surgery, or tests. (An explanation appropriate anesthetic, analgesic, or but not yet used for of the procedures producing pain or distress on these animals and the reasons such drugs such purposes. drugs. tranquilizing drugs were were not used must be attached to this report.) used. 4. Dogs 5. Cats 6. Guinea Pigs 7. Hamsters 8. Rabbits 9. Non-human Primates 10. Sheep 11. Pigs 12. Other Farm Animals 13. Other Animals ASSURANCE STATEMENTS 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. Each principal investigator has considered alternatives to painful procedures 2.) 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 3.) re and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC approved splanation of the exceptions, as well as the species and number of animals affected. facility has appropriate authority to ensure the provisions of adequate veterinary care and to oversee the adequacy of other aspects of animal care and 4.) CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer (C.E.O.) or Legally Responsible Institutional Official I certify that the above is true, correct, and complete (7 U.S.C. Section 2143). (b)(6), (b)(7)cDATE SIGNED NAME AND TITLE OF C.E.O. OR I.O. (Type or Print) SIGI 11/5/09 (b)(6), (b)(7)c