See reverse side for additional information. Interagency Report Control No 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 21-R-0207

CUSTOMER NO. 21096

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA

FORM APPROVED OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

include Zip Code) ST BONAVENTURE UNIVERSITY

PSYCH DEPT, DE LA ROCHE HALL ST BONAVENTURE, NY 14778

| 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.) | | | | | | |
|--|---|---|---|--|---|--|
| | | FA | ACILITY LOCATIONS(sites) | | | |
| b2 high, b7F | | | | | | |
| | | | | | | |
| | | | | | | |
| REPORT OF ANIMALS USED BY | | | | | | |
| 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. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs. | 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 animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the leaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report) | F. TOTAL NO. OF ANIMALS (Cols. C + D + E) | |
| 4. Dogs | | | A-10-10-10-10-10-10-10-10-10-10-10-10-10- | - I Apply | | |
| 5. Cats | | | | | | |
| 6. Guinea Pigs | | | | | | |
| 7. Hamsters | 38 | 72 | | | 72 | |
| 8. Rabbits | | | | <u></u> | | |
| 9. Non-Human Primates | | | | | | |
| 10. Sheep | | | | | | |
| 11. Pigs | | | | | | |
| 12. Other Farm Animals | | | | | | |
| 13. Other Animals | | | | | | |
| | | | | | | |
| | | | | | | |
| ASSURANCE STATEMENTS | | | | | | |
| and following actual research 2) Each principal investigator h | h, teaching, testing, surge as considered alternative | ery, or experimentation we s to painful procedures. | re followed by this research facili | e of anesthetic, analgesic, and tranquilizing drugs, prior to ty. 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 the 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 provision 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 or Legally Responsible Institutional official) I certify that the above is true, correct, and complete (7 U.S.C. Section 2143) | | | | | |
|--|--|-------------|--|--|--|
| SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL | NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) | DATE SIGNED | | | |
| b6, b7c | b6, b7c | 11/17/2008 | | | |

APHIS FORM 7023 (AUG 91)

(Replaces VS FORM 18-23 (Oct 88), which is obsolete

PART 1 - HEADQUARTERS