additional information.

Interagency Report Control No. 0180-00A-AN

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

See Attached

1. REGISTRATION 10039

16R0039

FORM APPROVED OMB NO 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA unclude Zip Code) Ci Agriculture Experiment Station

123 Huntington Street P.O. Box 1106 New Haven, CT 06504

Status: Active

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) BY:----FACILITY LOCATIONS (Siles)

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Atlach admittional sheets if necessary or use APHIS FORM 7023A.) B. Number of C Number of Number of animals upon which feaching, Number of animals upon animals being animals upon experiments, research, surgery or tests were which experiments, bred. Animals Covered conducted involving accompanying pain or distress which leaching, teaching, research, conditioned, or By The Animal to the animals and for which the use of appropriate research, surgery, or tests were TOTAL NO anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or Wellare Regulations held for use in experiments, or conducted involving OF ANIMALS teaching, testing, lesis were to med prilying monoc experiments, conducted interpretation of the teaching, research, distress to the animals involving no research, or experiments, surgery, or tests. (An explanation of (Cols. C + D + E) and for which appropriate surgery but not the procedures producing pain or distress in these pain, distress, or anesthetic, analgesic, or yet used for such animals and the reasons such drugs were not used use of paintranquilizing drugs were ourposes. relieving drugs. must be attached to this report). Dogs Cats 2 2 Guinea Pigs 7 7 Hamsters 4 4 Rabbits Non-human Primates 10. Sheep 11. Pigs 12. Other Farm Animals 13. Other Animals White-Footed Mice 54 54 27 30 White-tailed deer Eastern Chiomunk ASSURANCE STATEMENTS

- Professionally acceptable standards governing the care, freatment, and use of animals, including appronate 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 provision of adequate veterinary care and to oversee the adequacy of other aspects of annual care and use.

(Chief Executive Officer or I rectify that the above is true	UARTES RESEARCH FACILITY OFFICIAL Legally Responsible Institutional Official) t, correct, and complete (7 USC Section 2143)
SIGNATURE ÓF C.E.O. OR INSTITUTIONÁL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) DATE SIGNED
le.	(b)(b)(b)(7)(c)
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(Replaces VS FORM 18-23 (OCT 88), which is obsolute j

Obtained by Rise for Animals. Uploaded to Animal Research Laboratory Overview (ARLO) on 09/22/2020 2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

1. REGISTRATION NO.

16-R-0039

FORM APPROVED OMB NO. 0579-0036

CT Agriculture Experiment Station

123 Huntington Street P.O. Box 1106

△ OCT 25 1999

New Haven, CT 06504

Status: Active

REPORT OF ANIMALS USED BY OR	UNDER CONTROL OF	RESEARCH FACILITY	(Alfach adiditional sheets if nec	essary or use this form)	
	8 Number of animals being bred, conditioned, or held for use in leaching, 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.	O 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 aniesthetic, analgesic, or tranquitzing 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 teaching, 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 affected to this report).	F TOTAL NO OF ANIMALS (COIS. C + D + E)
Red-backed vole			1		11
Quail		3		-	3
Cardinal, Northern		• 12			12
Catbird, Gray		109			109
Chat,Yellow-breasted		1			1
Chickadee,Black-cap.		172			172
Crowbird, Brown-head.		1			1
Finch, House		24			24
Flycatcher,Least		3			3
Goldfinch,American		38		,	38
Grackle, Common		1			1
Hawk,Sharp-skinned		1			11
Jay, Blue		15			15
Junco, Dark-eyed		61			61
Kinglet,Golden-crown		8			8
Kinglet, Ruby-crowned		7			7
Mockingbird, Northern		8			8
Nuthatch, White-breas		1			11
Oriole, Northern		2			2
ASSURANCE STATEMENTS					

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- 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, us well as the spirities and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care und to oversee the adequacy of other aspects of animal care and use

(B)(6) (D)(7)(6	CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official) Legally that the above is true, correct, and complete (7 U.S.C. Section 2143)
-DAGINCIA	I DESCRIPTION OFFICIAL CO.

SIGNATURE OF C.E O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED

10/20/99

CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

2. HEADQUARTERS RESEARCH FACILITY (Name and Address. as registered with include Zip Code) CT Agriculture Experiment Stat 123 Huntington Street P.O.Box 1106 New Haven, CT 06504 OCT 25 1 Status: Active

REPORT OF ANIMALS USED BY OR				E. Number of animals upon which teaching.
Animals Covered By The Animal Wellare Regulations	animals being bred, conditioned, or held for use in teaching, festing, experiments, research, or surgery but not	C Number of animals upon which leaching, research, experiments, or lests were conducted involving no pain, distress, or	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, analyssic, or	experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and life 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.
12 &/OR 13 Other (List by species)	yet used for such purposes	use of pain- relieving drugs	tranquilizing drugs were used	must be effected to this report)
)venbird		11		
Parula, Northern		11		
Phoebe, Eastern		22		
Redstart, American		4		
Robin,American		8		
Sparrow, American Tr		33		
Sparrow,Chipping		6		
Sparrow, Field		13		
Sparrow, House		12		
Sparrow, Savannah	<u> </u>	1		
Sparrow, Song		69		
Sparrow, Swamp		20		
Sparrow, White-crown	1	3		,
Sparrow, White-throat	:	195		
Starling, European		2 ·		
Swallow, Barn		2		· · · · · · · · · · · · · · · · · · ·
Thrasher, Brown		1		
Thrush, Hermit Titmouse, Tufted		30		

ASSURANCE STATEMENTS

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animal care and use	
(Chief Executive Off	HEADQUARTES RESEARCH FACILITY OFFICIAL ficer or Legally Responsible Institutional Official) showers 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)
API M 7023A	(b)(6),(b)(7)(c) PART 1

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

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UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE I. REGISTRATION NO. 16 - R- 0039 FORM APPROVED OMB NO 0579-0036

CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

include Zip Codel CT Agriculture Experiment Station -123 Huntington Street P.O. Box 1106 New Haven, CT Status: Active

REPORT OF ANIMALS USED BY OR	UNDER CONTROL OF	RESEARCH FACILITY	(Attach adulitional sheets if noc	essary or use this form t	
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Towhee, Rufous-sided		2		·	2
Turkey, Wild		3'			3
Veery		4			4
Vireo, Red-eyed		2			2
Vireo,White-eyed		6		<u> </u>	6
Warbler, Black &white		1			1
Warbler, Blue-winged		9			9
Warbler,Magnolia		1			1
Warbler, Nashville		1			1
Warbler, Palm		2			2
Warbler, Worm-eating	<u> </u>	1	·		1
Warbler, Yellow		38			38
Warbler, Yellow-rumpe	d	71			71
Warbler, Yellow-throa	<u> </u>	36			36
Waterthrush, Northern		1			3
Waxwing, Cedar		3			8
Woodpecker, Downy		8			1
Woodpecker, Hairy		1			5
Wern, Bewick's		5))
ASSURANCE STATEMENTS					

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SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)	10/20/54

OBTAINTED BY HE IS POW ART FRANCE nal Research Laboratory Overview (ARLO) on 09/22/2020 UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 16 - R - 0039

FORM APPROVED OMB NO. 0579-0036

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123 Huntington Street
P.O. Box 1106
New Haven, CT 06504
Status: Active

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Ammals 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	C Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain.	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, analysesic, or tranquilizing drugs were	E.	Number of animals upon which teaching, experiments, research, surjery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or trainquilizing 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 in these animals and the reasons such drugs were not used must be attached to this report).	TOTAL NO. OF ANIMALS (COIS. C + O + E)
(Ust by species)	purposes.	relieving drugs.	used.	┞	must be strached to this report	<u></u>
Wren, Carolina		5		\vdash		5
Wren, House		1		L		1
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(Chief Executive Officer	DQUARTES RESEARCH FACILITY OFFICIAL or Legally Responsible Institutional Official)	
SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)	DATE SIGNED
		10/20/49