UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. REGISTRATION NO05

57 R0005

FORM APPROVED OMB NO 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA include Zip Code ersity of Georgia

Office of Vice Pres. for Rsch Boyd Grad. Rsch Ctr Rm. 612 1999 Athens, GA 30602-7611 Athens, GA 30602-7611 Status: Active

ANNUAL	REPORT OF RESEARCH FACILITY
·	(TYPE OR PRINT)

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 (Siles) See Attached

		RESEARCH FACILITY	(Attach adiditional sheets if ne	cessary or use APHIS FORM 7023A)	
Animals Covered By The Animal Wellare 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 feaching, 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 attached to this report).	TOTAL NO OF ANIMALS (COIS. C + D + E)
4. Dogs	23	205	250		455
5. Cats	2	42	125		167
6. Guinea Pigs	0	0	0		0
7. Hamslers	0	36	500		536
8. Rabbits	0	0	167		167
9. Non-human Primates	0	8	3.		11
10. Sheep	0	. 0	0		0
11. Pigs	0	90	27		117
Goats 12. Other Farm Animals	50	34	0	· · · · · · · · · · · · · · · · · · ·	34
Horses	50	34	19		39
XxxxxxxxxxxxxXXXXXXXXXXXXXXXXXXXXXXXXX	70	190	4		194
Ponies	0	33	0		33
13.Other animals					
Gerbils	0	0	2,021		2,021

ASSURANCE STATEMENTS

- Professionally acceptable standards governing the care, treatment, and use of animals, including approriate 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 animal care and use

CERTIFICATION BY HEADQUARTES 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. Sistinin 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

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

DATE SIGNED

11/17/99

APHIS FORM (AUG 91) (Replaces VS FO

CT 88), which is obsolute)



UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. REGISTRATION NO. 57-R-0005 FORM APPROVED OMB NO 0579-0036

CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA include Zip Code) The University of Georgia Office of Vice President for Research Boyd Graduate Studies Research Ctr, 612 Athens, GA. 30602-7411 Status: Active

			Julius de	essage of use this form I	
Animals Covered By The Animal Wellare Regulations 12 &/OR 13 Other (Ust by species)	UNDER CONTROL OF 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.	RESEARCH FACILITY 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 anesthetic, analysesic, 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 affected to this report).	TOTAL NO OF ANIMALS (Cols. C + D + E)
Virginia opossum		4	0	000	4
Raccoon		36 _°	0	NOA 7 8 1888	36
Gray Fox		23	0	No.	23
Rice Rat		24	0		24
Cotton Rat		28	0		28
COLLOII NAC					
		1			
		 			
	2				
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ASSURANCE STATEMENTS

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	animal care and use	TO THE OFFICIAL PROPERTY OFFICIAL
/\	NO (1)(2)	CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIA (Chief Executive Officer or Legally Responsible Institutional Official) (Chief Executive Officer or Legally Responsible Institutional Official) (Chief Executive Officer 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

11/17/99

DICO (ARHEADOUNBIERS)

APHIS FORM