Th re:	is report is required by law (7 U) sult in, in order to cease and des	31 200 10 22 20 1		d for in Sect	ion 2150.	additional information.	FORM APPRO	
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)					1. REGISTRIEGON -	1921 58ROIZI	OMB NO: 057	9-0036
					2. HEADOUARTERS RESEARCH FACILITY (Name and Address. as registered with USD Include Zip Code) Dumond Conservancy for Primates & P.O. Box 246 P.O. Box 3091 Miami, FL 33170 Status: Active			
6	3	ations where animals	were housed or used in	actual rese	arch, lesting, leach	ing, or experimentation, or held for	these purposes. Attact	h additio
3. Ri si	EPORTING FACILITY (LIST all loc heels it necessary.)							
			```	ILITY LOCA	NONS (Siles)			
	14755 SW	2168	MIAMI			<u>DEC 01</u>	1999	
			FI 331	70				
REP	ORT OF ANIMALS USED BY OR	UNDER CONTROL OF	RESEARCH FACILITY	(Attach auto	litional sheets if neo	cessary or use APHIS FORM 7023A) E. Number of animals upon which	teaching.	F.
	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. Numbe which e leachin surgery conduc accom distres and loi anesth	of animals upon xperiments, g, research, , or tests were ted involving panying pain or s to the animals which appropriate etic, analgesic, or lizing drugs were	E. Notified of animals operations operations of animals and for which it anesthetic, analgesic, or tranq have adversely affected the printerpretation of the teaching, experiments, surgery, or tests, the procedures producing pair animals and the reasons such must be attached to this report	or tests were hying pain or distress he use of appropriate uilkzing drugs would ocedures, results, or research, (An explanation of n or distress in these drugs were not used	TOT. OF A (Col: D
4.	Dogs							╂────
	Cats							╂────
	Guinea Pigs			ļ			·	
	Hamsters			ļ				+
8.				ļ				+
	Non-human Primates	48	2		 	-		
1(	). Sheep							+
1	1. Pias		·					1
1	2. Other Farm Animals							<u>+</u>
 • •	2 Othor Animals	1						+
<u> </u>	3. Other Animals	· · ·						+
								+
Ā	SSURANCE STATEMENTS	al a second				vistouse of somethetic analogsic.	ind tranquilizing drugs,	prior to
	<ol> <li>Prolessionally acceptable : and following actual resear</li> <li>Each principal investigator</li> <li>This facility is adhering to principal investigator and</li> </ol>	has considered altern the standards and reg approved by the Instit	atives to painful proce putations under the Act utional Animal Care an octions: this summary is	dures. , and it has id Use Com includes a bi	required that except nillee (IACUC). A s iet explanation of th	lions to the standards and regulatio ummary of all such exceptions is he exceptions, as well as the species	ns be specified and exp attached to this ann s and number of animals	sia Nua Sia
Г	<ol> <li>The attending veterinarian annual care and use.</li> </ol>	CERTIFI	CATION BY HE	ADQUA	RTES RESEAL	t adequate veterinary care and to o CH FACILITY OFFICIAL le Institutional Official) 2115 C. Section 2143)		
	SIGNATURE OF C.E.O. OR INST		(b)(6)	e is true, co	rect, and complete	(7 U.S.C. Sex:1600 2143) .O. OR INSTITUTIONAL OFFICIAL (7	ype or Print)	

. This report is required by law (7 L result in an order to cease and de	USC 2143) Failure to r	eport according to the re to penalties as provided	for in Section 2150.	See reverse side for additional information.	0180-DOA-AN				
	S DEPARTMENT OF A	RICULTURE		8-R-0121	FORM APPRO OMB NO. 057				
ANIMAL AND A				RS RESEARCH FACILITY (Name and	Address. as registered w	ith USDA.			
			include Zip Co	de)		-			
		NINULAL REPOR	T DUMONIA	o conservancy !	OF PRIMATI	es k			
CONTINUATION	SHEET FUR A		" T	include Zip Code) DUMOND CONSERVANCY FOR PRIMATES & TROPICAL FORESTS, INC. P.O. BOX 246 MIAMI, FL 33170					
	ESEARCH FAC								
(7	TYPE OR PRIN	()		MANAL FL. 3	3170				
				, (d) 12 3					
REPORT OF ANIMALS USED BY OR	UNDER CONTROL OF	RESEARCH FACILITY (	ttach adiditional sheets if n	ecessary or use this form.)	least we	_			
	8 Number of	C Number of	). Number of animals upon	E. Nomber of animals open surgery	Driesis were (	۲			
	animals being bred,	animals upon which teaching,	which experiments, teaching, research,	conducted involving accompany to the animals and for which the	Ing pain or distress	TOTAL NO			
Animals Covered By The Animal	conditioned, or	research.	surgery, or tests were	monthetic analogsic of Vation	ilizing drugs would 1	OF ANIMA			
Welfare Regulations	held for use in teaching, testing,	experiments, or tests were	conducted involving accompanying pain or	have adversely affected the pro interpretation of the feaching, r	esearch.				
	experiments,	conducted involving no	distress to the animals	I STATE AND	(An explanation of 1	(Cols. C D + E)			
	research, or surgery but not	pain, distress, or	and for which appropriate anesthetic, analgesic, or	poimals and the reasons such	Trugs were not uson	U + E			
12 &/OR 13 Other	yet used for such purposes.	use of pain- relieving drugs.	tranquilizing drugs were used.	must be attached to this report.					
(List by species)	purposes		used.						
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ACCHRANCE STATEMENTS									
ASSURANCE STATEMENTS					t tranoulizing drugs of	nor to, during			
1). Prolessionally acceptable s	tandards governing the	care, treatment, and us	e of animals, including appr	uriate use of anesthetic, analgesic, an earch facility	a mandamenta aradar be				
and following actual resear	Ch, leaching, learnig, a	anger), er entre		-					
2). Each principal investigator	has considered alterna	tives to painful procedu	es		حاميم انمو المناوسين مط	ned by the			
	he standards and requi	ations under the Act, an	d it has required that excep	tions to the standards and regulations summary of all such exceptions is a he exceptions, as well as the spaces a	ttached to this annua	I report in			
	ACHC more arcen	hous this summary inclu	kies a brief explanation of t	he exceptions, as well as the spinces a					
principal investigator and a		- has a manager author	ily to ensure the provision o	I adequate veterinary care and to ove	see the adequacy of ot	her aspects o			
principal investigator and a		vites appropriate aution	ing to choose the provision of						
<ul> <li>principal investigator and a addition to identifying the l</li> <li>4) The attending veterinarian</li> </ul>	for this research facility								
principal investigator and a		TATION BY HEAT	QUARTES RESEA	RCH FACILITY OFFICIAL					
addition to identifying the l	CERTIFIC	CATION BY HEAL	or Legally Kesponsi	RCII FACILITY OFFICIAL ble Institutional Official)					
addition to identifying the l	CERTIFIC	CATION BY HEAL	QUARTES RESEA or Legally Responsit true, correct, and complete	Die Institutional Official					
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addition to identifying the l	CERTIFIC (Chief)	CATION BY HEAL	or Legally Responsit true, correct, and complete	Die Institutional Official	se or Print)	Nov			
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