According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a per it displays a valid OMB control number. The valid OMB control number for this information collection i collection is estimated to average 2 hours per response, including the time for reviewing instructions, s needed, and completing and reviewing the collection of information.	OMB APPROVED 0579-0036 Exp.: 10/31/2018					
This report is required by law (7 U.S.C. 2143). Failure to report according to the regulations can result and to be subject to penalties as provided for in Section 2150.	Fiscal Year 2011					
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE	1. REGISTRATION NUMBER 35-R-0014					
	H FACILITY (Name, address, and ZIP Code)	telephone number as				
ANNUAL REPORT OF RESEARCH FACILITY	UNIVERSITY OF WISCONSIN-WHITEWATER					
(TYPE OR PRINT)	RESEARCH AND SPONSORED PROGRAM 800 W. MAIN STREET					
	WHITEWATER, WI 53190					
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 (Sites)

(b)(7)(F)

	В.	С.	D. Number of animals upon	E. Number of animals upon which teaching	F.
Animals Covered By The Animal Welfare Regulations	Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	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 lests 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 teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress on these animals and the reasons such drugs were not used must be attached to this report.)	TOTAL NUMBEF OF ANIMALS (Cois. C + D + E
4. Dogs	0	0	0	0	0
5. Cats	0	0	0	0	0
6. Guinea Pigs	0	0	0	0	0
7. Hamsters	0	0	0	0	0
8. Rabbits	0	0	0	0	0
9. Non-human Primates	0	0	0	0	0
10. Sheep	0	0	0	0	0
11. Pigs	0	0	0	0	0
12. Other Farm Animals					
13. Other Animals	0	0	11	0	11

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 1.) actual research, teaching, testing, surgery, or experimentation were followed by this research facility.

2.) Each principal investigator has considered alternatives to painful procedures.

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. 3.)

4.) The attending veterinarian for this research facility has appropriate authority to ensure the provisions 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 (C.E.O.) or Legally Responsible Institutional Official (I.O.)) I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

(b)(6), (b)(7)(c)

SIGNATURE OF C.E.O. OR I.O.

NAME AND TITLE OF C.E.O. OR I.O. (Type or Print)

DATE SIGNED

APHIS FORM 7023 JUL 2013

unless it displays a valid OM	rage 2 hours per response, in	DMB control number for this in cluding the time for reviewing	formation coll	ection is 0579-0036.	The time requir	collection of information ed to complete this information hering and maintaining the data	OMB APPROVED 0579-0036
This report is required by law and to be subject to penalties			ons can resul	t in an order to ceas	e and desist	Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2011
	ATES DEPARTMENT D PLANT HEALTH IN			1. REGISTRATIO 35-R-0014			
CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)			2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) UNIVERSITY OF WISCONSIN-WHITEWATER RESEARCH AND SPONSORED PROGRAM 800 W. MAIN STREET WHITEWATER, WI 53190				
A.	D BY OR UNDER CONTROL	C.		onal sheets it necess or of animals upon		orm.) of animals upon which teaching,	F.
A. Animals Covered By The Animal Welfare Regulations	Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	which e teachin surgery conduc accom or distr animals which a anesth	syperiments, ig, research, , or tests were ted involving panying pain ess to the s and for appropriate etic, analgesic, or lizing drugs were	experime were con pain or di which the analgesic adversely or interpr experime of the prc on these	or animals upon which teaching, inst, research, surgery, or tests ducted involving accompanying stress to the animals and for a use of appropriate anesthetic, , or tranquilizing drugs would haw raffected the procedures, results, teation of the teaching, research, nts, surgery, or tests. (An explana ocedures producing pain or distres animals and the reasons such dru used must be attached to this rep	e TOTAL NUMBER OF ANIMALS (Cols. C + D + E) is igs
WOODCHUCKS	0	0		11		0	11
ASSURANCE STATEMENT	 S						
ASSURANCE STATEMENTS							

1.) 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.

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 provisions 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 (C.E.O.) or Legally Responsible Institutional Official (I.O.))

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

(b)(6), (b)(7)(c)