

Name: Vassar College [A022]

FOR OFFICE USE ONLY

Recd  
Code

A022

NEW YORK STATE DEPARTMENT OF HEALTH  
WADSWORTH CENTER  
LABORATORY ANIMAL WELFARE PROGRAM  
EMPIRE STATE PLAZA, P.O. BOX 509  
ALBANY, NEW YORK 12201-0509

2019 RENEWAL APPLICATION  
FOR APPROVAL FOR USE OF LIVING ANIMALS

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
<b>Laboratory/Institution Name:</b> Vassar College	
<b>Address 1:</b> 124 Raymond Avenue	
<b>Address 2:</b> Box 4	
<b>City, State, Zipcode:</b> Poughkeepsie, NY 12604	
<b>County:</b> Dutchess	
<b>Telephone Number:</b> 845-437-7313	
<b>Fax Number:</b> 845-437-7315	
<b>E-mail Address:</b> keduncan@vassar.edu	

## SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

### Ownership:

- ☐ Corporation      ☐ Government      ☐ Individual      ☒ Not For Profit      ☐ Partnership  
☐ Other: \_\_\_\_\_

### Facility Type:

- ☐ 2 Year College      ☒ 4 Year College      ☐ Clinical or Environmental Lab  
☐ Hospital      ☐ Medical School      ☐ Product Testing Lab  
☐ Public Health Lab      ☐ Research & Development Lab      ☐ Veterinary School  
☐ Other: \_\_\_\_\_

## SECTION II - PROGRAM INFORMATION

### Animals (Check all that apply):

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> Mice (genus mus)    | <input type="checkbox"/> Hamsters               | <input checked="" type="checkbox"/> Fish    | <input type="checkbox"/> Sheep/Goats        |
| <input type="checkbox"/> Mice (wild or other)           | <input type="checkbox"/> Guinea Pigs            | <input type="checkbox"/> Cats               | <input type="checkbox"/> Cattle             |
| <input checked="" type="checkbox"/> Rats (genus rattus) | <input type="checkbox"/> Rabbits                | <input type="checkbox"/> Dogs               | <input type="checkbox"/> Swine              |
| <input type="checkbox"/> Rats (wild or other)           | <input checked="" type="checkbox"/> Small Birds | <input type="checkbox"/> Non-Human Primates | <input checked="" type="checkbox"/> Poultry |
| <input type="checkbox"/> Other: _____                   |   |   |   |

Are you currently housing live animals at your institution? ☒ Yes ☐ No

If you are not currently housing live animals, do you anticipate having live animals in your facility during the next 12 months?\* ☐ Yes ☐ No

\*LAWP permits are issued to those institutions that maintain living animals for teaching and/or research and have the appropriate programs and facilities to properly and humanely care for those animals.

Does your laboratory/institution have an Animal Care Committee? ☒ Yes ☐ No  
(If Yes, attach a copy of the Committee members)

Since your last application, have there been any changes in your animal care and use procedures (i.e. feeding programs, disease control, environmental management, humane care, euthanasia)? ☒ Yes ☐ No  
(If Yes, please explain)

Note: Any procedures that require the withholding of feed and water or exposing the animals to adverse or unusual conditions should be documented in your animal use protocols and approved by your IACUC.

### Living animals are used for (Check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Diagnostic Procedures      | <input checked="" type="checkbox"/> Education/Teaching Demonstrations |
| <input checked="" type="checkbox"/> Experimentation | <input type="checkbox"/> Farm Production                              |
| <input type="checkbox"/> Public Display             | <input type="checkbox"/> Public Health/Disease Surveillance           |
| <input type="checkbox"/> Other: _____               |   |

Are animals used in studies with human infectious agents? ☐ Yes ☒ No  
(If Yes, attach a copy of your procedures for processing medical waste generated by the animals)

### Registration/Accreditation Type:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> AAALAC Accredited | <input type="checkbox"/> USDA Registered | <input checked="" type="checkbox"/> None |
| <input type="checkbox"/> Other: _____      |  |  |

### SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
<b>Laboratory/Institution Person In Charge (Name):</b> Chenette, Jonathan	Garrett, Teresa
<b>Title:</b> Dean of the Faculty	Associate Dean of the Faculty
<b>Telephone Number:</b> 845-437-5300	845-437-5306
	tegarrette@vassar.edu
<b>Work Hours:</b>  MON: 8:30 am to 5:00 pm TUE: 8:30 am to 5:00 pm WED: 8:30 am to 5:00 pm THU: 8:30 am to 5:00 pm FRI: 8:30 am to 5:00 pm to to	<b>Work Hours:</b>  Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

CURRENT DATA	INDICATE CHANGES HERE
<b>Veterinarian in Charge (Name):</b> Goode, Tami	
<b>Title:</b>	Consulting Veterinarian
<b>Telephone Number:</b> 215-746-4235	
<b>Work Name/Address (if different from laboratory/institution):</b> 125 S.31st Street Univ Pennsylvania-Animal Models Core Philadelphia, PA 19104	
<b>Work Hours:</b>  MON: 9:00 am to 5:00 pm TUE: 9:00 am to 5:00 pm WED: 9:00 am to 5:00 pm THU: 9:00 am to 5:00 pm FRI: 9:00 am to 5:00 pm to to	<b>Work Hours:</b>  Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

### SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
<b>Contact Person (Name):</b> Duncan, Kelli A.	
<b>Title:</b> Asst. Professor of Biology	Associate Professor of Biology
<b>Telephone Number:</b> 845-437-7313	
<b>Work Hours:</b>  MON: 8:30 am to 5:00 pm TUE: 8:30 am to 5:00 pm WED: 8:30 am to 5:00 pm THU: 8:30 am to 5:00 pm FRI: 8:30 am to 5:00 pm to to	<b>Work Hours:</b>  Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

☒ Attach a list of all full-time and part-time animal care staff which includes the following information:  
Name, Full-Time or Part-Time, Title and Education Level (Highest).

☐ No additional staff.

### SECTION IV - ATTESTATION

I have read the Administrative Rules and Regulations concerning the use of living animals and understand that I am fully responsible for all work involving the use of living animals. I understand that the Certificate of Approval is not transferable and the New York State Department of Health (the Department) shall be advised promptly if the individual, in whose name approval has been granted, ceases to be in charge. The facility(ies) will be operated according to all applicable laws, rules and regulations.

I understand that by signing this application form I agree to cooperate with any investigations conducted by the Department to verify or confirm information given or any other investigation conducted in connection with animal welfare in any facility identified in this application. If additional information is requested, I will provide it.

In signing this application, I hereby certify that the information I have given the Department as a basis for obtaining or retaining a certificate of approval is true and correct. As information changes, I will promptly notify the Department. Further, I understand that filing a false instrument constitutes a crime under the Penal Law of the State of New York.

  
Signature, Laboratory/Institutional Officer

Associate Dean of Faculty  
Title

11/19/18  
Date

## SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [015] Name: <b>Vassar College</b>	
Address 1: <b>Olmsted Hall</b>	
Address 2: <b>Box 731</b>	
City, State, Zipcode: <b>Poughkeepsie, NY 12604</b>	
Site Telephone Number: <b>845-437-7305</b>	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name): <b>Garrett, Teresa A.</b>	

## SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

**Appendix to Vassar College renewal application  
New York State Department of Health Approval for the Use of Living Animals**

The membership of our Animal Care Committee is:

Justin Touchon (Assistant Professor of Biology)  
Tami Goode (Veterinarian)  
Kelli Duncan (Associate Professor of Biology and Chair of IACUC)  
Bojana Zupan (Assistant Professor of Psychological Science)  
Sam Moyer (Community member)  
Julie Williams (Chief Animal Care Technician)

Since our last application, there have been changes in our animal care and use procedures that have been approved by our IACUC.

Our full-time animal care staff is:

Julie Williams, Chief Animal Care Technician, Bachelor's of Science  
Yi Yuan, Animal Care Specialist, Associate's degree  
Cristina Sanfuentes, Animal Care Specialist, Bachelor's of Science