

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)	1. CERTIFICATE NUMBER: 83-R-0001 CUSTOMER NUMBER: 16	FORM APPROVED OMB NO. 0579-0036
University Of Wyoming P. O. Box 3355 Laramie, WY 82071 Telephone: (307) -742-3146		

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS Form 7023A)

A. Animals Covered By The Animal Welfare Regulations	B. Number of animal 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 teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasc such drugs were not used must be attached to this report	F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E)
4. Dogs					
5. Cats					
6. Guinea Pigs	5		25		25
7. Hamsters					
8. Rabbits	1	6	44		50
9. Non-human Primates					
10. Sheep		19			19
11. Pigs					
12. Other Farm Animals (goat)	1				
cattle		211			211
13. Other Animals					
white tail prairie dog			35		35
black tail prairie dog			30		30
Pallid bat	49		10		10

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 rese 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 ap 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 ir 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 HEADQUARTERS RESEARCH FACILITY 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 11-27-01
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Annual Report

Certificate

Certificate Number: 83-R-0004 Customer Name: EASTERN WYOMING COLLEGE
 Customer Id Number: 17 DBA Name:

Select another Annual Report Delete this Annual Report

Species Fiscal Year: 2002

Species	HOLD	NPND	WPWD	WPND	TOTAL
4 Dogs			25		25
5 Cats			17		17
6 Guinea Pigs		19			19
7 Hamsters		4			4
8 Rabbits		1			1
9 Non-Human Primates					0
10 Sheep		2			2
11 Pigs					0
12 Other Farm Animals		0	16		16
13 Other Animals		128			128

Exit

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UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)	1. CERTIFICATE NUMBER: 83-R-0005 CUSTOMER NUMBER: 1666	FORM APPROVED OMB NO. 0579-0036
Wyoming Game & Fish Dept. 2362 Highway 34 Wheatland, WY 82201 Telephone: (307) -322-2571		

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS Form 7023A)

A. Animals Covered By The Animal Welfare Regulations	B. Number of animal 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 an 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 wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasc such drugs were not used must be attached to this report	F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E)
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5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
CATTLE	10	10			10
13. Other Animals					
ELK	104	104			104
MOOSE	3	3			3 0
Pronghorn	12				12 0

ASSURANCE STATEMENTS

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 (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 9/05/02
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