

Surgery/Procedure Date:	Type of Surgery/Procedure	Protocol #:	Species:
Investigator:	Person performing procedure:	Contact Info:	Emergency Contact Info:

Pre-anesthetic Drug(s)

Drug	Dose	Route

Anesthetic Agents

Drug	Dose	Route

Analgesic Drug(s)

Drug	Dose	Route

Antibiotic (s)

Drug	Dose	Route

Animal ID	Weight	Previous Surgery Date	Time Induced	Time Awake	Comments

Continue on back if needed

Person Responsible for Post Op Recovery: _____

Post Op Instructions: _____

Post Op Record (Post-surgical care must be documented daily for at least 5 days.)

Date	Time	Observations	Treatment	Initial

Animal ID	Weight	Previous Surgery Date	Time Induced	Time Awake	Comments