Surgery/Procedure Anesthesia Record

Keep in Animal Room

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |
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Analgesic Drug(s)

Anesthetic Agents

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| --- | --- | --- |
| Drug | Dose | Route |
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Antibiotic (s)

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| Drug | Dose | Route/Date |
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| --- | --- | --- |
| Drug | Dose | Route |
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| **Animal ID** | **Weight** | **Previous Surgery****Date** | **Time Induced** | **Time Awake** | **Comments** |
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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.)

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| **Date** | **Time** | **Observations** | **Treatment** | **Initial** |
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| **Animal ID** | **Weight** | **Previous Surgery****Date** | **Time Induced** | **Time Awake** | **Comments** |
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