SURGERY/POST OPERATIVE REPORT

After Hours Emergency Phone #:_____Lab _____

Date _____ Species_____ Gender_____ Animal Room #_____ Surgery Room #_____

Surgeon(s)_____ P.I. on Protocol _____

Number of Animals to be used:_____ Protocol (IACUC) #_____

Procedure Performed_____

Previous Surgery Performed?_____ Date of First Surgery_____

Premeds (Dose and Route)	Time Given	Anesthetic Agents (Dose & Route)	Time Given

Fluids given after procedure: (volume & route)_____

Analgesics Given: (Dose and Route)_____

Condition Post Procedure: ○Good ○Fair ○Poor ○Euthanized Drug (Dose & Route) _____

Date sutures, clips and/or staples are to be removed:_____

Animal ID	Weight (g)	Anesthetic (dose /time)	Procedure Completed (time)	Animal Recovered (Time)	Comments/Problems