



# Surgical Record

For USDA Covered Species

|            |         |               |          |                    |
|------------|---------|---------------|----------|--------------------|
| Date:      | PI:     | Protocol #:   | Species: | ID #:              |
| ID #:      | Room #: | Weight in kg: | in lb:   | Temp (Presurgery): |
| Surgeons:  |         |               |          |                    |
| Procedure: |         |               |          | Room #:            |

| Anesthetic Plan             | Dosage (mg/kg) x Body weight (kg) = dose (mg)/dilution (mg/ml) = volume administered |  |                                      |
|-----------------------------|--------------------------------------------------------------------------------------|--|--------------------------------------|
| 1 Preanesthetic Agent(s)    |                                                                                      |  | Time Administered: ___:___<br>Route: |
| 2 Inhalation Anesthetic     |                                                                                      |  | Time Administered: ___:___<br>Dose:  |
| 3 Analgesic Medications     |                                                                                      |  | Time Administered: ___:___<br>Dose:  |
| 4 Post Surgical Medications |                                                                                      |  | Time Administered: ___:___<br>Dose:  |
| 5 Post Surgical Medications |                                                                                      |  | Time Administered: ___:___<br>Dose:  |

|                                                   |                                        |                                                                         |
|---------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------|
| Time of Intubation:                               | Size of intubation tube:               | Time of Incision:                                                       |
| Volume of IV Fluids Administered: Normosol or LRS | Vent Volume (10-15 ml/kg)=<br>0 thru 0 | Fluid drip rate=<br>(dosage= 10ml/kg/hr),<br>(dose = ml/min) 0.0 ml/min |

|                                 |                           |
|---------------------------------|---------------------------|
| End of Procedure (time):        | Back in Home Cage (time): |
| Intubation Tube Removal (time): | Euthanasia (time):        |
| Euthanasia Means:               |                           |
| Secondary Euthanasia Means:     |                           |

|                 |
|-----------------|
| Notes/Comments: |
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