

Date \_\_\_\_\_ Protocol # \_\_\_\_\_ PI: \_\_\_\_\_ Facility/Room # \_\_\_\_\_

Species: \_\_\_\_\_ Procedure: \_\_\_\_\_ Survival / Non-survival (circle one)

Surgeon(s): \_\_\_\_\_ Anesthetist(s): \_\_\_\_\_

Anesthetic Agents (concentration, dose, route): \_\_\_\_\_

Pre-Operative Analgesic Agents (concentration, dose, route): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone # \_\_\_\_\_

USF ID	Group ID	Weight (g)	Surgeon (Initials)	Analgesic (s) (time/amount)	Induction/Recovery (time)	Comments: (intra & immediate post-procedural assessments, complications, supplemental anesthesia, time of euthanasia, etc.)
				/	/	
				/	/	
				/	/	
				/	/	
				/	/	
				/	/	
				/	/	
				/	/	
				/	/	
				/	/	
				/	/	

**Post Operative Care: Monitoring Period (Dates)** \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ (Animals need to be checked daily for 3 days post-op and observations logged in this form. Observations can include abbreviations like BAR: Bright Alert and Responsive; WNL: Within Normal Limit)

**Analgesics/Medications (agent, dose, route, & frequency):** \_\_\_\_\_ **N/A** ☐ check N/A only if pre-op meds provide analgesic coverage, otherwise please describe post-op plan, below

Date & Time	Analgesic Administered (Only check box if given)	Initials	Post-operative Observations: (e.g., Appearance/condition, abnormalities, incision site, appetite, voiding, suture removal)
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

**Suture/Clips Removal** ☐ **Date:** \_\_\_\_\_ **N/A** ☐ **Initials:** \_\_\_\_\_

Note: Records must be kept in the housing room binder for 6 months or the life of the animal.