

University Laboratory Animal Resources Anesthesia and Surgical Record

Protocol #: _____ Investigator: _____ Date: _____

Animal ID: _____ Species: _____ Surgeon: _____

Animal Body Weight: _____ Anesthetist: _____

Procedure: _____

Preoperative Information

General Appearance: _____ Body Temperature: _____ Heartrate: _____ Respiratory Rate: _____

Time	Drug	Drug Expiration Date	Dose	Route	Purpose of Drug	Initials

Anesthetic Monitoring Information

Record times at no more than 15 minute intervals. Use additional sheets, if needed.

Time													
Heartrate													
Respiratory Rate													
Temperature													
Blood Pressure													
SpO2													
O2 L/minute													
Isoflurane %													
Ventilator? (Y/N)													

Procedure Start Time: _____

Total Replacement Fluids Given (mLs): _____ Fluid Type Given: _____ Fluid Type Given: _____

Note Any Unanticipated Events During Procedure: _____

Post Operative Information

Version: 5/2024

Record times at no more than 15 minute intervals until sternal recumbancy is maintained.

Time	Body Temperature	Heartrate	Respiratory Rate	Treatment/Drug Given	Drug Expiration Date	Dose and Route	Initials

At what time was the animal able to maintain sternal recumbancy? _____

Euthanasia

Time: _____ Euthanasia Agent: _____ Dose: _____ Route: _____
Euthanasia Agent Expiration Date: _____