UNT-Health Science Center
Laboratory Animal Medicine

Date_____

Surgery/Anesthesia Record (non-survival)

Investigator_____ Dept._____ Protocol#_____

Species_____ I.D.#_____ Rm No._____

Weight_____(lb./kg.) Temp_____o Pulse_____/min. Resp_____/min.

Procedure_____ (Start/Finish)_____/_____

Preanesthetics: Agent Dose Rate Total Dose Volume Effect

Ketamine_____

Xyalizine_____

Acepromizine_____

Atropine_____

Inhalation Anesthetic_____ Endotracheal tube size _____

cuffed _____

Injectable Anesthetic_____

Time								
O2(liter)								
Iso (%)								
Body temp								
Pulse								
Resp.								
Initals								
Comment#								

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