SURGERY/POST OPERATIVE REPORT

| After Hours Emergency Phone #: | | | | Lab | »#: | |
|-------------------------------------|-------------------------|------------------|----------------------------------|---|-----------------------|---|
| Date | Species | | Sex | Room # | _ | |
| Surgeon(s) | | | | P.I. on Protocol | | |
| Number of Animals to be Used: | | | | Protocol (IACUC) # | | |
| Procedure Per | rformed | | | | | |
| Premeds (Dose and Route) Time Given | | | | Anesthetic Agents (Dose & Route) Time Given | | |
| | | | & route) | | | |
| Analgesics Gi | iven: (Dose | e and Route) | | | | |
| Condition pos | st procedure | e: Good | □ Fair □ Poo | or Euthanize | ed Drug (Dose & Route |) |
| Date sutures, | clips and/o | r staples are to | be removed: | | | |
| Animal ID | Weight Anesthetic Compl | | Procedure Completed (time) | Animal Recovered (Time) | Comments/Problems | |
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