SURGERY AND ANESTHESIA LOG

EXPERIMENT NUMBER:_____

PRE-OPERATIVE DATA

Date:	Emergency Contact Number:
Animal Species:	Sex:
Animal ID Number:	Weight:
Principal Investigator:	Other Staff:
Surgeon:	Protocol Number:
Surgical Procedure:	

PRE-ANESTHETICS, INDUCTION AGENTS, AND ANESTHESIA

Pre-Anesthetics				Induction and Maintenance			
	Dose (mg/kg)	Route	Time		Dose (mg/kg)	Route	Time

INTRA-OPERATIVE VITAL SIGNS

TIME	EKG HR	RESP.	TEMP	Sp02	CO2	BP	EEG	IV INFUSION RATE	INITIALS

TIME OF EUTHANIZATION (IF APPLICABLE):_____METHOD USED:_____

POST-OPERATIVE CARE INSTRUCTIONS

POST-OPERATIVE RECORD