Group Rodent Anesthesia/Surgery/Postoperative Record

PI:	Date:
Surgeon:	**Protocol #:**
Species:	**# of animals:**

Surgical Procedure:

Anesthetic Drug(s) Administered:

Drug	Dose/ Route

Preanesthetic or Intraoperative Drugs/Analgesics/Fluids Administered:

Drug	Dose/ Route

Supportive care & Monitoring:

Animal Information: identification, body weights or other important information.

	Analgesics		Date/Clinical observations/Initials
Day 0 (day of surgery)			Deviations from protocol: Surgical complications: Recovery observations:
Postop day 1			
Postop day 2			

For emergencies, please contact the Office of the University Veterinarian. 540-315-2051.

	Analgesics		Date/Clinical Observations/Initials
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Postop day 3			
Postop day 4			
Postop day 5			
Postop day 6			
Postop day 7			
Date(s) of suture/wound clip removal:			