

Office of the University Veterinarian Standing Surgery Report

Date of Procedure:

IACUC #:

Name of Procedure(s):

Primary Investigator:

Surgeon:

Animal ID:

Assistant:

Sedatives and Analgesics

Drug	Dose (mg/kg)	Volume (mL)	Route	Time	Comments

Deviations from surgical method stated in IACUC:

Operative complications:

Other comments: