

RODENT ANESTHESIA AND SURGICAL RECORD

Date: (DD-MM-YY)	Cage Card ID:	Protocol #:	Investigator:	Surgeon:
Procedure:			Species:	Emergency Phone #:

<input type="checkbox"/> Isoflurane Anesthesia Induction: 3-5% Maintenance: 1.5-3.5% Injectable Anesthesia Drug(s): _____ Induction Dose(s): _____ mg/kg IP Top-Up Dose(s): _____ mg/kg IP Concentration: _____ mg/ml	Analgesia <small>*as approved on AUP</small> Ketoprofen: _____ mg/kg SQ Carprofen: _____ mg/kg SQ Meloxicam: _____ mg/kg SQ Buprenorphine: _____ mg/kg SQ Buprenorphine SR: _____ mg/kg SQ Bupivacaine: < 8 mg/kg ID Other: _____ Analgesic Concentration (mg/ml): _____	Pre-Op/Intra-Op Reference List (per animal) <ul style="list-style-type: none"> Health Check Heat source (<39° C) Eye lube (repeat as necessary) SQ Fluids _____ ml (pre-op and as needed) Fur removal around incision Skin prep (70% ethanol & 2% chlorhexidine x 2) Toe pinch (prior to incision & every 5-10 mins)
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Anesthetic Monitoring

Animal ID	Body Weight (g)	Anesthesia		Analgesia		Anesthesia End time	Rectal Temp (°C)		Recovery (animal is fully mobile) Time	Intra-Operative Notes / Complications <i>(e.g., excessive bleeding, breaks in aseptic technique, abnormal breathing, injectable top-up provided, higher than typical % iso required, additional SQ fluids provided, etc.).</i> **Report complications promptly to vet care staff.
		Vol (ml)	Start Time	Vol (ml)	Start Time		Pre-op	Post-op		

Recovery Checklist

- Recovery alone on paper towel/iso pad
- Returned to clean cage
- Post-op cage card
- Surgery noted on ID card
- If needed: nail trim & supportive diet (gel, wet food)

Please note that surgery and post-operative records may be requested by the LACC during annual inspections or annual AUP renewal or by regulatory agencies during announced and unannounced site inspections. Animal use records must be retained for 3 years post-animal use. As such, all records must be returned to the facility.

POST-SURGICAL MONITORING AND ANALGESIC RECORD

Animal ID	Date		Time	Analgesic (ml)	Weight (g) <i>*If not BAR</i>	Initials	Sutures Removed * if applicable	Comments / Overall Condition / Supportive Care
							Date Completed	
	Day 1							
	Day 2							
	Day 3							
	Day 1							
	Day 2							
	Day 3							
	Day 1							
	Day 2							
	Day 3							
	Day 1							
	Day 2							
	Day 3							
	Day 1							
	Day 2							
	Day 3							

Vet Tech Sign Off	Post-Op Day 1	Post-Op Day 2	Post-Op Day 3
Time			
Initials			

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