SURGERY/POST OPERATIVE REPORT

After Hours Emergency Phone #: _____ Lab #: _____

Date_____ Species_____ Sex_____ Room #___

Surgeon(s)_____

Number of Animals to be Used: _____

Procedure Performed_____

Premeds (Dose and Route)	Time Given	Anesthetic Agents (Dose & Route)	Time Given

Fluids given after procedure?: (volume & route)_____

Analgesics Given: (Dose and Route)_____

Condition post procedure: □ Good □ Fair □ Poor □ Euthanized Drug (Dose & Route) _____

Date sutures, clips and/or staples are to be removed:_____

Animal ID	Weight (g)	Anesthetic (dose /time)	Procedure Completed (time)	Animal Recovered (Time)	Comments/Problems