Date: _____ **Patient ID:** _____ **USDA #:** _____ **WT (in kg):** _____ **Sex: M / F**

PI: _____ **Contact:** _____ **PH #:** _____ **Species:** _____

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Non-Rodent Mammal Intra-Operative Monitoring Form

Procedure:

Gas Anesthesia

Start: _____ am / pm | **Finish:** _____ am / pm

Induction (agent)**:** _____

Intubation: YES | NO If yes, ET tube size: _____ mm

Maintenance (agent)**:** _____

Ventilator: YES | NO

Breathing Bag (size)**:** _____ L

Fluid Therapy

Total IV Fluids Administered: _____ mls

Fluid Type: LRS / 0.9% NACL / Normosol

Other: _____

Comments

Injectable Drugs

(including pre-anesthetic administration)

Analgesics

Drug Name: _____ (_____ mg/kg)

Administered: _____ mg _____ ml

Route: IV IM SQ **Time(s)** _____ , _____

Bupivicaine (1 mg/kg) _____ mg _____ ml

Diluted 50% w/ sterile H_2O and injected at incision site

Time(s) _____ , _____

Other

Drug Name: _____ (_____ mg/kg)

Administered: _____ mg _____ ml

Route: IV IM SQ **Time(s)** _____ , _____

Drug Name: _____ (_____ mg/kg)

Administered: _____ mg _____ ml

Route: IV IM SQ **Time(s)** _____ , _____

Time	Iso	SPO_2	Temp (F)	HR	RR	CO_2	MM/CRT	Comments	Initial

Date: _____ Patient ID: _____ USDA #: _____ WT (in kg): _____ Sex: M / F

PI: _____ Contact: _____ PH #: _____ Species: _____

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Non-Rodent Mammal Intra-Operative Monitoring Form

Time	Iso	SPO_2	Temp (F)	HR	RR	CO_2	MM/CRT	Comments	Initial