University of Michigan
NON-RODENT MAMMAL POST-OPERATIVE RECORD

Investigator:		**Department:**	
Contact Person & Phone #:		**IACUC Protocol #:**	
Short Code:	**Species:**	**Animal #:**	**Animal Room#:**

Surgical Procedure and Date:

Postoperative Antibiotic or other medications (drug, dose, route, frequency):

Postoperative Analgesic (drug, dose, route, frequency):

Feeding Instructions:

Exercise Instructions:

Other Instructions:

Date	Time	Painful: Y/N or Pain score	Observation or Treatment	Initials

Date	Time	Painful: Y/N or Pain score	Observation or Treatment	Initials