]	NON-RODENT MA	University of Michigan	ATIVE RECORD	
Investigator:		Department	Department:	
Contact Person & P	hone #:	IACUC Protocol #:		
Short Code:	Species:	Animal #:	Animal Room#:	
Surgical Procedure	and Date:			
Postoperative Antib	otic or other medicatio	ons (drug, dose, route, frequ	iency):	
Postoperative Analg	esic (drug, dose, route,	frequency):		
Feeding Instructions	•			
Exercise Instruction	s:			
Other Instructions:				

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

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