Cage ID:	
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Rodent Surgical Record (By Cage)



Investigative personnel are responsible for maintaining a record of pre-operative anesthetic and analgesic use. Ensure that all medications and procedures listed on this sheet are as stated in the IACUC approved animal care and use protocol.

Principal Investigator:				Date:													
Surgeon:				IACUC Protocol #:													
Species:				Procedure:													
	PreSurg	gical Evaluation	1														
Animal ID #1 =	Body Wt:	Condition:		Recovery Notes:													
Animal ID #2 =	Body Wt:	Condition:		Recovery Notes:													
Animal ID #3 =	Body Wt:	Condition:		Recovery Not	es:												
Animal ID #4 =	Body Wt:	Condition:		Recovery Not	ecovery Notes:												
Animal ID #5 =	Body Wt:	Condition:		Recovery Notes:													
Surgical Drugs Adminis	stered	(ch	Drug Type leck applicable b	ox)			Enter til	me under t	ime Adm the approp	riate head	ler corresp	oonding licable					
Drug Name		Anesthetic	Preemptive Analgesic	Other	Dose (mg/kg, %)	Route	#1	#2	#3	#4	#5	All					

Cage ID:	
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Rodent Post-Operative Record (By Cage)



Investigative personnel are responsible for maintaining a record of post-operative care and analgesic use.

Ensure that all medications and procedures listed on this sheet are as stated in the IACUC approved animal care and use protocol.

Principal Investigator:	Date:
Surgeon:	IACUC Protocol #:
Species:	Procedure:

Animal ID #1 =	
Animal ID #2 =	
Animal ID #3 =	
Animal ID #4 =	
Animal ID #5 =	
All = Applies to all animals listed above.	

Codes below are used for qualitative & consistent assessment purposes

Letter Code (used in "Surgical Site" column)

A = Incision is clean, dry, intact

Number Code (used in "Condition" column)

1 = Animal is bright, alert, responsive & active

B = Incision is slightly red, clean, dry, intact 2 = Animal is quiet, alert, responsive, less active

C = Incision is abnormal, please describe * 3 = Animal is lethargic & less responsive *

*Contact Veterinary Staff if either Code C or 3 is chosen for any animal.

			Surgical Site Condition Painful?							Analgesics or Drugs Given / Notes											
		ID	eaderco # above Enter de	rrespon or unde scription	er " ĀII " i	he Anir f applica "Notes	nal able. 3"	c a E	r Numb orrespo bove or Inter des column	nding to under " scriptior	the An All " if and the institution	imal ID oplicabl "Notes	# e. 3 "	Enter Y/N or Pain Score under each header corresponding to the Animal ID # above or under "All" if applicable. Enter descriptions in the "Notes" column to the right as needed.				e Anima pplicabl e "Notes	ol ID# e. s"	List complete analgesic or drug name, dose, and route. Reference and list appropriate Animal ID # for each entry to	
Date	Time	#1	#2	#3	#4	#5	All	#1	#2	#3	#4	#5	All	#1	#2	#3	#4	#5	All	maintain accuracy & consistency.	Initial
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