Surgery

Date of surgery: ________________

Protocol #: ________________

Animal species: ________________

Gender: ________________

Animal body weight (pre-surgical): ________________

Pre-anesthetic treatment (dose and route): ________________

Anesthetic employed: ________________

Time initiated: ________________

Time discontinued: ________________

Analgesic administration:

Agent: ________________

Date and time given: ________________

Surgical Notes: ________________

Post-op Checkup

Weight: ________________

Change in weight: ________________

Wound condition: ________________

Analgesic administration: ________________