



Rodent Surgery/Anesthesia Record

Protocol # _____ Procedure: _____ Date: _____
 Species: _____ Cage Card #: _____ PI: _____ Surgeon: _____

Animal ID	Weight(g)	Anesthetic	Dose/Route	Start Time	Time(min) Reflexes Checked*	15	30	45	60	75	90	105	120	End Time

*Write tail, toe or other location used, when checking for depth of anesthesia

Pre-operative:

☐ Ophthalmic ointment applied

☐ Heat source provided

☐ Analgesic administered _____ Dose: _____ Route: _____ Time Given: _____

Post-operative:

☐ Heat source provided until ambulatory

☐ Green label applied to cage card

☐ Incision site checked

☐ Other: _____

Did all animals recover? Yes _____ No _____

Describe any anesthetic, surgical or post-operative complications: _____



Post-Operative/Procedure Monitoring*: All animals must be continuously monitored until maintaining upright posture and walking normally about the cage before completion of monitoring and return to the animal housing room.

Date	Animal ID(s)	Procedure & Date Performed	Animal Status**	Observations/Comments***	Surgical Site OK?	Initials
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	

Note animal ID when referring to specific animals. If complications arise contact veterinarian.

*Post-operative care should be recorded daily until the surgical incision has healed and/or wound clips have been removed.

**Body Score: 1- Bright, alert, responsive 2- Depressed 3- Moribund 4- Dead

*** Any analgesia, fluids, antibiotics, etc. should be noted with date/time indicated. Suture/wound clip removal should also be noted with date.