**Division of Comparative Medicine**
**University of South Florida**

**Rodent Surgery/Procedural Record**
**Page____**

Date _____Protocol # _____ Arrival Date:_____Facility/Room # _____

Investigator _____Species_____Procedure:_____

Surgeon(s): _____Anesthetist(s) _____Survival or Non-survival (circle one)

Anesthetic Plan: (agent(s), concentration, dose, route):_____

Analgesic Plan: (agent(s), dose, route): _____

Pre-operative assessment: (date, condition): _____Emergency Contact Phone # _____

| **USF ID** | **Group/ID** | **Weight** (g) | **Surgeon** | **Analgesic** (time/amount) | **Induction/Recovery** (time) | **Comments:** (intra & immediate post-procedural assessments, complications, supplemental anesthesia, time of euthanasia, etc.) |
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**Post Operative Plan & Care**
Observation / Treatment Dates : ___/___/_____ **-** ___/___/_____

| **Date & Time** | ***Analgesic Administered** | **Initials** | **Post-operative Observations:** (e.g., Appearance/condition, abnormalities, incision site, appetite, voiding, suture removal) |
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***Check box <u>only</u> when analgesics are administered**