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 # ______

<table>
<thead>
<tr>
<th>USF ID</th>
<th>Group/UI</th>
<th>Weight (g)</th>
<th>Surgeon</th>
<th>Analgesic (time/amount)</th>
<th>Induction/Recovery (time)</th>
<th>Comments: (intra &amp; immediate post-procedural assessments, complications, supplemental anesthesia, time of euthanasia, etc.)</th>
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Post Operative Plan & Care
Observation / Treatment Dates: ______/_____/____ - ______/_____/____

**Date & Time**

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<tr>
<th>*Analgesic Administered</th>
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**Post-operative Observations:**
(e.g., Appearance/condition, abnormalities, incision site, appetite, voiding, suture removal)

*Check box only when analgesics are administered