Cage ID:
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.
midvirsitys MISSISSIPPI

| Principal Investigator: | Date: |
| :--- | :--- |
| Surgeon: | IACUC Protocol \#: |
| Species: | Procedure: |


|  | Presurgical Evaluation |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Animal ID \#1 = | Body Wt: | Condition: | Sternal Recumbency: | Recovery Notes: |
| Animal ID \#2 = | Body Wt: | Condition: | Sternal Recumbency: | Recovery Notes: |
| Animal ID \#3 = | Body Wt: | Condition: | Sternal Recumbency: | Recovery Notes: |
| Animal ID \#4 = | Body Wt: | Condition: | Sternal Recumbency: | Recovery Notes: |
| Animal ID \#5 = | Condition: | Sternal Recumbency: | Recovery Notes: |  |


| Surgical Drugs Administered | Drug Type(check applicable box) |  |  |  |  | Time Administered <br> Enter time under the appropriate header corresponding to the Animal ID \# above or under "All" if applicable |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Drug Name | Anesthetic | Preemptive <br> Analgesic | Other | $\begin{gathered} \text { Dose } \\ (\mathrm{mg} / \mathrm{kg}, \%) \end{gathered}$ | Route | \#1 | \#2 | \#3 | \#4 | \#5 | All |
|  |  |  |  |  |  |  |  |  |  |  |  |
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Monitor temperature, mucous membrane color and depth of anesthesia at least every 15 minutes during anesthesia.

Rodent Post-Operative Record (By Cage)

Principal Investigator:
Surgeon:
Species:
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.

| 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
$B=$ Incision is slightly red, clean, dry, intact
C = Incision is abnormal, please describe *
*Contact Veterinary Staff if either Code C or 3 is chosen for any animal.

| $\begin{array}{\|c\|} \hline \text { Animal } \\ \hline \text { ID\# } \\ \hline \end{array}$ | Date: | AM | PM | $\frac{\text { Surgical }}{\text { Site }}$ | Condition | Painful? <br> Y/N or Pain Score | Analgesics or Drugs Given / Notes <br> List body weight and complete analgesic or drug name, dose, and route. | Initial |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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