Surgery Form

Date:_________  Protocol #:______  Surgeon Name (first/last)________
Survival Surgery:  Yes  No
Species:  Rat  Mouse  Other:________
Rodent:  Male  Female

Surgical Procedure(s): Describe briefly __________________________
_________________________________________________________
_________________________________________________________

Body weight of animal (before procedure):_________

Surgery Start Time  __:__ am/pm  Surgery End Time  __:__ am/pm

Anesthesia during surgery:_________  Dosage:_________
Supplements given:  Yes  No
Surgical notes (complications/comments)____________________________
_________________________________________________________
_________________________________________________________

Post-Surgical Evaluation for Survival Surgeries
Analgesics used:_________________________ Dosage:________________
Post-Surgical recovery: Overall Health of Animal  good  average  poor
Comments:_________________________________________________
_________________________________________________________

Time animal returned to colony post recovery  __:__ am/pm

Additional Health Monitoring and Procedures: when needed (example(s),
body weights, antibiotics, suture/staple removal, etc.)
Date/Time/Health of Animal:___________________________________
_________________________________________________________