

Surgery Report

UW ID# _____	USDA# _____
SPECIES: _____	SEX: _____
Investigator: _____	
Protocol #: _____	

Date: _____
Surgical Procedure: _____

Surgeon(s): _____

Assistants: _____

Preoperative Physical Exam: T: _____ P: _____ R: _____ Body Wt. _____

Premedication(s)-drug, dose, and route of administration: _____
_____ Time _____

Induction (basal) Anesthetic-drug, dose, and route of administration: _____
_____ Time _____

Maintenance Anesthetic-drug, dose, and route of administration: _____
_____ Time _____

Endotracheal Tube Size: _____

Surgery Start Time: _____ Surgery End Time: _____

Description of Surgical Procedure and Findings:

Post-operative Care:

Time extubated: _____ Time sternal recumbent: _____

Supportive therapy/meds: _____

Surgeon's Signature: _____

Surgery Record

Date: _____

Room Number: _____

Surgeon: _____

Animal(s): _____

Surgical Procedure: _____
(Protocol Used; see Appendix)

Observations:
(e.g., unusual bleeding, respiration, or anesthetic response)

Treatment:
(e.g., antibiotics, fluids)

Postsurgical recovery time on warm plate: _____

Person responsible for postoperative care: _____

Comments:

**Surgical Record Form
Rodents**

Species: Mice Rats Guinea Pigs
 Hamsters Gerbils Other

Surgeon(s) _____

Number of animals _____

Date and time of Procedure _____

Protocol # _____

Experiment # _____

Animal/Group ID # _____

Brief Description of Procedure _____

Approximate Length of Procedure _____

Inhalent Anesthesia _____

Injectable Anesthesia _____

 Dosages (mg/kg) _____

 Route (IM, SQ, IV) _____

 Other drugs/agents _____

Observations during procedure (i.e., additional anesthesia, complications, deaths, etc.)

Post Procedural Care (i.e., antibiotic therapy, additional analgesics, etc.)

Analgesics _____

 Route _____

 Doses per day and no. of days _____

Surgery Report

Laboratory Animal Resources
University of Wisconsin Medical School
Madison, WI 53792

UW ID # _____	Species: _____	Sex: _____
PI: _____		Protocol #: _____

Date: _____ Surgery: _____

Surgeon(s): _____

Others Present: _____

Preoperative physical exam: T: _____ P: _____ R: _____ Body Wt. _____

Endotracheal Tube Size: _____

Drugs Given (pre-op, anesthesia)

Time	Drug	Dose (total, recorded in mg)	Route

Description of Surgical Procedure and Findings:

Surgery Start Time: _____

Surgery End Time: _____

Surgeon's Signature: _____

