Center for Comparative Medicine
SPECIAL PROCEDURE ADVISORY
Post-operative Care

Start Date:	
Animal ID:	
Attending Veterinarian/Tech:	
Emergency Contact - PI	

Monitor NO YES

Specify Parameters and frequency of data collection for Eating, Drinking, Stool, Urine, Temperature, Body Weight:

Assess NO YES

Symptom Progression, Bright/Alert/Responsivness, Wound Healing, Dehydration, Neurologic Respiratory Circulatory System etc.
Please define what to assess and how frequent:

Special Diet NO YES

Please describe what is to be fed and how frequent and where extra food is stored:

Medicated Water NO YES

Please describe what is to be added to the drinking water and how much and where extra medication is stored:

Treatment NO YES

Drug	Amount (Inj. Vol.)	Route	Frequency