



The Center for Comparative Medicine

Experimental Surgery and Anesthesia Report for USDA-Covered Species

Pre-operative Evaluation

PI _____ Protocol # _____

Animal # / Name _____ Species _____ Body Weight: _____

Housing location _____ Sex _____ Age _____

Surgeon _____ Phone _____ E-mail _____

Contact Person _____ Phone _____ E-mail _____

Procedure _____

NPO Date:		Surgery Date	
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Post-operative Report for USDA-Covered Species

Animal ID: _____

Species: _____

Surgery Date _____

Analgnesia and Other Postoperative Drugs

Agent* (Doses given must conform to the protocol.)	Dose (mg/kg)	Route	Interval

Assessments

Date:	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Postoperative Day	0*		1*		2*		3**		4**	
Initials										
Assessment										
<i>N=Normal D=Decreased A=Absent</i>										
Surgery Site										
<i>N=Normal 1=Inflamed 2=Hemorrhagic/purulent</i>										
Pain										
<i>0=No Pain 1=Slight Pain 2=Severe Pain</i>										

Documentation of Post Operative Analgesics Drug(s) and Antibiotics:

Time of Analgesic Administration <i>Indicate time in hrs, min for AM /PM</i>										
Drug 1:										
Drug 2:										
Drug 3:										
Drug 4:										

** After 48 hours, if animal continue to exhibits pain or distress, contact the Veterinary Staff immediately

Scheduled date for Suture/wound clip removal: _____ Done (initials): _____

