

SURGERY RECORD

LAR - IUB

PI: Phone #: Protocol #:	Procedure:
Surgeon: Assistants:	Date Performed: Surgery Room:
Species:	Animal ID:
Breed/Strain:	Sex:

Pre-Operative Physical Examination

Temp:

Weight:

Medications/Drugs Used (Drug, dose, route of administration)

Pre-operative Meds: _____

Anesthetics: _____

Supportive Therapy (fluids, oxygen, etc.)_ _____

Anesthesia Start Time: _____ Surgery Start Time: _____

Description of Operative Procedure and Findings/Complications:

Surgery Completion Time: _____

Post-operative Medications (Drug, dose, route of administration): _____

Immediate Post-operative Monitoring (at least every 15 minutes until recovery)

Time	Temp	Observations / Comments	Initials

Recovery Time (Sternal Recumbancy): _____

Surgeon's Signature: _____

