## **Rodent Surgical Records**

| Date      | Surgeon                | D        | escription of Proc | edure          |          | Protocol #         |                | Rodent Strain                                       | Heating device used | Anesthetic depth Assessed prior     |
|-----------|------------------------|----------|--------------------|----------------|----------|--------------------|----------------|---|---------------------|-------------------------------------|
|           | 3                      |          |                    |                |          |                    |                |   | g                   | to surgery(toe pich/corneal reflex) |
|           |                        |          |                    |                |          |                    |                |   | (yes or no)         | (yes or no)                         |
|           |                        | Anesthe  | tic Agent(name an  | d stock conc.) | Analge   | sic Agent (name an | d stock conc.) |   | () see seems        | () == = :)                          |
|           |                        |          |                    |                |          |                    |                | Intra-operative Monitoring (frequency of toe pinch  | Time                | Time Recovered From Anesthesia      |
| Animal ID | Initial Body Weight(g) | % or µl  | Route of Admin.    | Time Given     | % or µl  | Route of Admin.    | Time Given     | visual observation of respiration and complication) |                     |                                     |
| Ammand    | miliai Body Weight(g)  | 70 ОГ ДП | Troute of Admin.   | Time Civen     | 70 Οι μι | reacto or reasons. | Time Civen     | vioual observation of respiration and somplisation) | Trocodure Completed | (awako ana otomai)                  |
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## **Rodent Surgical Records**

| Date:     | Surgeon:  | Protocol #:                                    |                      |  |  |  |
|-----------|---|--|----------------------|--|--|--|
|           | Description of Procedure:                                     | Rodent Strain:                                 |                      |  |  |  |
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|           | Observation and Care next Day                                 |  |                      |  |  |  |
| Animal ID | (clinical symptoms any drugs administrated and initials etc.) | Any abnormal observations prior to clip remova | Date of clip removal |  |  |  |
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