Division of Comparative Medicine
University of South Florida

Rodent Surgery/Procedural Record
Page____

Date _____ Protocol # _____ Arrival Date:_____ Facility/Room # _____

PI: _____ Species: _____ Procedure:_____ Survival / Non-survival (circle one)

Surgeon(s): _____ _____ Anesthetist(s) _____ _____ __

Anesthetic Agents: (concentration, dose, route):_____

Pre-Operative Analgesic Agents: (concentration, dose, route): _____

Emergency Contact Name: _____ E-mail: _____ Phone # _____

USF ID	Group ID	Weight (g)	Surgeon (Initials)	Analgesic (s) (time/amount)	Induction/Recovery (time)	**Comments:** (intra & immediate post-procedural assessments, complications, supplemental anesthesia, time of euthanasia, etc.)
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Post Operative Care: Monitoring Period (Dates) ____/____/_____ - ____/____/_____ (Animals need to be checked daily for 3 days post-op and observations logged in this form. Observations can include abbreviations like BAR: Bright Alert and Responsive; WNL: Within Normal Limits)

Post-Op Analgesics/Medications (agent, dose, route, & frequency): _____

Date & Time	Analgesic Administered (Only check box if given)	Initials	**Post-operative Observations:** (e.g., Appearance/condition, abnormalities, incision site, appetite, voiding, suture removal)
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	☐		
	☐		
	☐		
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Suture/Clips Removal ☐ Date: _____ Initials:

Note: Records must be kept in the housing room binder for 6 months or the life of the animal.

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Eff 12/23