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| **Procedure Date:** | | |  | | | | | | | **Surgeon:** | | | | | |  | | | | |  | | | | | | |  | |
| **Investigator:** | | |  | | | | | | | **Species:** | | | | | |  | | | | | | | | **DOB:** |  | | | | |
| **Protocol#:** | | |  | | | | | | | **Animal ID:** | | | | | |  | | | | | | | | **Sex:** |  | | | | |
| **Cage Card#:** | | |  | | | | | | | |  | | | | | | | **Euthanasia Date:** | | | | | | |  | | | | |
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| **Surgery/Procedure Performed:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Procedure:** | |  | | | | | | | | | | | **Body Weight:** | | | | | | |  | | | | | | | | | |
| **Start time:** | |  | | | | | | | | | | | **Pre-Procedure Assessment:** | | | | | | | Bright, alert, responsive  Quiet, alert, responsive  Lethargic, abnormal (contact veterinarian) | | | | | | | | | |
| **End time:** | |  | | | | | | | | | | |
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| **Periprocedural Anesthesia, Analgesia and Monitoring** (*Record vital signs a minimum of every 15min or as directed in protocol*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Drug Name** | | | | | | **Dose (mg/kg)** | | | **Conc. (mg/mL)** | | | | | | **Volume (mL)** | | | | **Route** | | | | **Time** | | | | **Initials** | | |
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| **Time** | | **Color1** | | | **Respiration2** | | **Toe Pinch Response (Y/N)** | | | | |  | | **Time** | | | **Color1** | | | | | **Respiration2** | | | | **Toe Pinch Response (Y/N)** | | | |
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| **1 Mucous membranes should be pink (use paw or ear color); 2 Respirations should be deep and regular** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Post-Procedure Medications, Analgesics and Supportive Care (Fluids)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Drug Name** | | | | | | **Dose (mg/kg)** | | | **Conc. (mg/mL)** | | | | | | **Volume (mL)** | | | | **Route** | | | | **Frequency** | | | | **Duration** | | |
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| **Post-Procedure Observations and Monitoring** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | **Time** | | | **Surgical Site**  (describe, and/or use **letter** key below) | | | | **Clinical Observations/Scoring/Body Weight**  (describe, and/or use **number** key below) | | | | | | | | | | | | | | | | **Drugs Given** | | | | | **Initials** |
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**Key: qualitative assessment of surgical site and animal condition:**

**A** – incision is clean, dry, intact **1** – animal is bright, alert, responsive, and active

**B** – incision is slightly red, clean, dry, intact **2** – animal is quiet, alert, responsive, less active

**C** – incision is abnormal, please describe \* **3** – animal is lethargic and less responsive \*

**\*Contact veterinary staff**