

Principal Investigator:	Date:
Responsible/Contact Person Name:	IACUC Protocol #:
Responsible/Contact Person Phone:	Procedure:
Responsible/Contact Person Email:	Species:
Emergency Contact Name:	Emergency Contact Phone:

	Pre-operative Information		
Cage Card Number:	Animal ID #1 =	Body Weight:	Body Condition Score:
	Animal ID #2 =	Body Weight:	Body Condition Score:
	Animal ID #3 =	Body Weight:	Body Condition Score:
	Animal ID #4 =	Body Weight:	Body Condition Score:
	Animal ID #5 =	Body Weight:	Body Condition Score:

Surgical Drugs Administered	Drug Type (check applicable box)			Dose (mg/kg, %)	Route	Time Administered During Surgery Enter time under the appropriate header corresponding to the <b>Animal ID #</b> above or under "All" if applicable					
	Anesthetic	Preemptive Analgesic	Other			#1	#2	#3	#4	#5	Initial

**Surgical Record-DO NOT  
DISCARD**

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Cage Card Number:
Animal ID #1 =
Animal ID #2 =
Animal ID #3 =
Animal ID #4 =
Animal ID #5 =

		Body Weight					Body Condition Score					Observation Notes						
Date	Time	#1	#2	#3	#4	#5	#1	#2	#3	#4	#5	#1	#2	#3	#4	#5	Analgesics or Drugs Administered List complete analgesic or drug name, dose, and route	Initial

**Surgical Record-DO NOT  
DISCARD**