SURGERY RECORD REGULATED SPECIES

DIVISION OF ANIMAL RESOURCES UNIVERSITY OF ILLINOIS

Protocol #	<u>.</u>		Animal ID:		Surgeon:			
Investigate			Species:		Assistant(s):			
Procedure			Sex:		(0):			
Date:	-		Breed/Strain		Phone:			
Surgery R	oom/blda:		Dieca, ott um					
5 m go. 7 m								
		I Examination:						
Temp:	Temp: Pulse: Respiration:		Weight:		Comments:			
Pre-operat	tive Medicat	ione:						
	rug	Concentration	on Volume Ac	Volume Administered		Time Administered		
	•				Route			
			<u> </u>					
	a induction:							
D	rug	Concentration	on Volume Ac	lministered	Route	Time Administered		
Intra-on M	aintenance:							
	rug	Concentration	on Volume Ac	Volume Administered		Time Administered		
			I		1			
	ative Medica		w Valuma Aa	lministered	Doute	Time Administered		
ט	rug	Concentration	on Volume Ad	iministerea	Route	Time Administered		
Surgery S	tart Time:	Su	rgery Completio	n Time:	Recove	ry Time		
General de	escription o	f Operative Pro	cedure (must be	consistent w	ith protocol)			
Surgeon's	Signature:							

Immediate Post-op Monitoring (at least every 15 minutes until animal is in sternal recumbancy)

Time	Temp	Position	Intervention	Comments	Performed By

Daily Post-op Monitoring

Staple/Suture Removal Due_

Date/Time	Surgical Site OK?	Eating?	Drinking?	Fecal/Urine	Post-Op Medication/Care	Comments	Performed By
	Y/N	Y/N	Y/N				
	Y/N	Y/N	Y/N				
	Y/N	Y/N	Y/N				
	Y/N	Y/N	Y/N				
	Y/N	Y/N	Y/N				
	Y/N	Y/N	Y/N				
	Y/N	Y/N	Y/N				
	Y/N	Y/N	Y/N				
	Y/N	Y/N	Y/N				
	Y/N	Y/N	Y/N				
	Y/N	Y/N	Y/N				
	Y/N	Y/N	Y/N				
	Y/N	Y/N	Y/N				
	Y/N	Y/N	Y/N				

^{*} All ill or dead animals need to be reported to the Division of Animal Resources. Please call 333-2564 or fill out a medical report form and turn it in to the facility supervisor.