

**SURGERY RECORD
REGULATED SPECIES**

**DIVISION OF ANIMAL RESOURCES
UNIVERSITY OF ILLINOIS**

Protocol #:	Animal ID:	Surgeon:
Investigator:	Species:	Assistant(s):
Procedure:	Sex:	
Date:	Breed/Strain	Phone:
Surgery Room/bldg:		

Pre-operative Physical Examination:

Temp:	Pulse:	Respiration:	Weight:	Comments:

Pre-operative Medications:

Drug	Concentration	Volume Administered	Route	Time Administered

Anesthesia induction:

Drug	Concentration	Volume Administered	Route	Time Administered

Intra-op Maintenance:

Drug	Concentration	Volume Administered	Route	Time Administered

Post-operative Medications:

Drug	Concentration	Volume Administered	Route	Time Administered

Surgery Start Time: _____ **Surgery Completion Time:** _____ **Recovery Time** _____

General description of Operative Procedure (must be consistent with protocol)

Surgeon's Signature: _____

