NOTE: Post-operative monitoring may be documented in animal records. Post-operative monitoring must be performed as described in the approved IACUC Protocol.
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**Pre-operative assessment and medication**

- **Body Temp:** ________
- **Local block:** ________ mL 2% Lidocaine
- **Sedation:** Y/N
  - If yes, ________ mL Xylazine IV
- **Concentration:**
  - 100mg/mL or 20mg/mL

**Surgical Site Preparation**

- **Shave site(s):**
- **Scrubbed/rinsed 3 times with alcohol/betadyne:**
- **Scrubbed/rinsed 3 times with alcohol/2% chlorhexidine:**

**Surgical Procedure**

- **Time started:** __________
- **Time done:** __________
- **Surgeon name (printed):**
- **Surgeon signature:**

**Post-Surgical Drugs Administered**

- **Yes/No**
- **Date/Time:**
- **Drug:**
- **Dose:**
- **Route:**

**Initials**

**Comments:**

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