

Animal ID#	Date:	Procedure(s):				
<b>Pre-operative Assessment and Medication</b>		<b>Surgical Site Preparation</b>		<b>Surgical Procedure</b>	<b>Post-Surgical Drugs Administered</b>	<b>Initials</b>
<input type="checkbox"/> Body Temp: _____ <input type="checkbox"/> Local block: _____ mL 2% Lidocaine Sedation: Y/N If yes, _____ mL Xylazine IV <input type="checkbox"/> Concentration: 100mg/mL <input type="checkbox"/> or 20mg/mL <input type="checkbox"/>		<input type="checkbox"/> Shave site(s) <input type="checkbox"/> Scrubbed/rinsed 3 times with alcohol/betadyne <input type="checkbox"/> Scrubbed/rinsed 3 times with alcohol/2% chlorhexidine		Time started: _____ Time done: _____ Surgeon name (printed): _____ Surgeon signature: _____	Yes/No Date/Time: Drug: Dose: Route:	
Comments:						
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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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