



Anesthesia and Surgical Record Form for Multiple Rodents

Principal Investigator: _____	Protocol #: _____
Study/Group ID: _____	Species: _____
Date: _____ Surgeon: _____	Anesthetist: _____

Anesthesia & Analgesia

List all agents that will be given. If inhalant anesthesia, write "to effect" for dosage.

Agent 1: _____	Dosage: _____ mg/kg	Route: _____
Agent 2: _____	Dosage: _____ mg/kg	Route: _____
Agent 3: _____	Dosage: _____ mg/kg	Route: _____
Agent 4: _____	Dosage: _____ mg/kg	Route: _____

Surgical Procedure

Agent Administration Log

Animal ID	Weight	Anesthetic Agent #	Time Given	Analgesic Agent #	Time Given	Other Agent #	Time Given	Other Agent #	Time Given

Animal Monitoring Log

Record any observations taken during the procedure
 Depth = Depth of Anesthesia Good (**G**) Too Light (**L**) Too Deep (**D**)
 Resp = Respiration Good (**G**) Too Fast (**F**) Too Slow (**S**)
 MM = Mucous Membranes/Pinnae Pink (**P**) Reddish (**R**) Bluish (**B**)

Animal ID	0 min			____ min			____ min			____ min			____ min		
	Depth	Resp	MM	Depth	Resp	MM	Depth	Resp	MM	Depth	Resp	MM	Depth	Resp	MM

Immediate Post-op Monitoring *Until sternal & returned to home cage*

Time & Initials _____