**POST PROCEDURE FORM**

**Animal Number/ID**:       **IACUC Protocol #:** **Date**:

# Species:       Location of Procedure:       Pre-surgical weight:

**Anesthesia\*:**

# Pre-op sedation or tranquilization:

Injectable Anesthetics (*list drugs and doses*):

Inhalant Anesthetics:  Isoflurane  Sevoflurane  Other:

Paralytics used:  Yes  No

If yes, list agent, dose, and frequency:

Other anesthetic agents used:

**\*You are required to forward a copy of your anesthesia monitoring record for inclusion with the animal’s VR Medical Record the same day of the procedure to accompany this “Post Procedure Form”.** (Anesthetic Monitoring Forms may be lab created or you can obtain form templates through either Veterinary Resources or the OAWA website.)

Brief Description of Procedure Performed:

Describe aftercare performed by investigator (*include analgesia given immediately postoperatively and to be given subsequently*). Please feel free to contact Veterinary Resources if you wish to have our department provide an example or template of a treatment record:

Postoperative medications to be given:

|  |  |  |  |
| --- | --- | --- | --- |
| Drug Name | Dose (mg/kg) | Frequency (QD, BID, TID, etc) | Duration of Administration |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Was the procedure uneventful:  Yes  No

If no, describe:

INVESTIGATOR OR THEIR DESIGNEE MUST COMPLETE ALL CONTACT INFORMATION AND SIGN THIS PAGE.

## INVESTIGATOR CONTACT INFORMATION

Principal Investigator:

Responsible Point of Contact (Co-PI, Tech, etc.):

Phone number of responsible contact:

Phone number(s) for after-hours contact:

### Signature:       Date: