

**SURGERY RECORD****LAR - IUB**

<b>PI:</b> <b>Phone #:</b> <b>Protocol #:</b>	<b>Procedure:</b>
<b>Surgeon:</b> <b>Assistants:</b>	<b>Date Performed:</b> <b>Surgery Room:</b>
<b>Species:</b>	<b>Animal ID:</b>
<b>Breed/Strain:</b>	<b>Sex:</b>

**Pre-Operative Physical Examination****Temp:****Weight:****Medications/Drugs Used (Drug,dose, route of administration)****Pre-operative Meds:** \_\_\_\_\_**Anesthetics:** \_\_\_\_\_**Supportive Therapy (fluids, oxygen, etc.)** \_\_\_\_\_**Anesthesia Start Time:** \_\_\_\_\_ **Surgery Start Time:** \_\_\_\_\_**Description of Operative Procedure and Findings/Complications:**


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**Surgery Completion Time:** \_\_\_\_\_**Post-operative Medications (Drug, dose, route of administration):** \_\_\_\_\_**Immediate Post-operative Monitoring (at least every 15 minutes until recovery)**

<b>Time</b>	<b>Temp</b>	<b>Observations / Comments</b>	<b>Initials</b>

**Recovery Time (Sternal Recumbancy):** \_\_\_\_\_**Surgeon's Signature:** \_\_\_\_\_