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| **GENERAL** | **Investigator (PI) Name:** | **Surgeon name(s):** |
| **Protocol number:** | **Date:** | **Species:**  | **Number of Animals:** |
| **Facility/Procedure Room or Building/Lab number:** |
| **PROCEDURE** | **Skin prep (fur shaved and cleaning ethanol 70%/betadine alternating 3x): [ ]** **Procedure(s) performed, including any test agents or hazards administered:** |
| **DRUGS & TREATMENTS** | **Indicate all drugs and treatments administered.** **Pre-op medications – describe:****Local anesthetics (ex: bupivacaine):** **[ ]  - describe/dose:****Ophthalmic ointment placed in eyes:** **[ ]** **Anesthesia: Isoflurane: [ ]  or Injectable: [ ]  - describe/dose:****Analgesia:** **Ethiqa XR: [ ]  Meloxicam: [ ]  Carprofen: [ ]  Buprenorphine HCl: [ ]  Other: [ ]  describe:****Dose(s):**  |
| **PERIOPERATIVE MONITORING** | **Briefly describe continuous monitoring procedures:****Toe pinch or tail reflex: [ ]  - should be absent****Respirations check: [ ]  - should be regular and >60 breaths/min****Ear/foot color check: [ ]  - should be pink****Other:****Type of heating device used to maintain body temperature:** |
| **POST-OP CARE** | **Describe post-op care provided:Heat support: [ ]  - only half of the cage should be on heat support, no more than 38oC****Fluid support: [ ]** **See post-op cage card for further post-op records\*****Analgesia: [ ]  - document on post-op cage card****Animal(s) fully recovered prior to returning to colony: [ ]**  |
| **SURGICAL OUTCOMES** | **Complications: [ ]  YES [ ]  NO****If YES, briefly describe (include animal ID(s) and corrective action(s) taken and/or endpoint)** |

*All procedures must be performed as described in the approved IACUC protoco*l

**\*Upon disposition of the last animal in the cage, you must keep the post-op cage cards (Blue cards). Post-op cage cards must be available for review upon request and for at least 1 year after disposition or expiration of the protocol.**