



**UNIVERSITY OF VICTORIA
RODENT SURGICAL RECORD**

Principal Investigator:				Date:			
Surgeon:				Protocol #:			
Species:				# in Group:			
Surgical Procedure:				Animal ID#			
Please ensure that all medications and procedures listed below are as stated in the approved Animal Use Protocol.							
Analgesic(s) / Sedative Drug(s):				Anaesthetic Drugs(s):			
Drug:	Dose(mg) /Route:	Pre-Op:	Post-Op:	Drug:	Dose/Route/Rate:		
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
Other Medications:							
Drug(s):		Dose(mg)/Route:		Pre-Op		Post-Op	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anaesthetic depth assessment prior to start of procedure:				Toe pinch <input type="checkbox"/>		Corneal reflex <input type="checkbox"/>	
Type of heating device used to maintain body temperature:							
Intra-operative Monitoring Assessment includes:							
Anaesthetic depth (toe pinch) <input type="checkbox"/> Temperature <input type="checkbox"/> Heart rate <input type="checkbox"/> Respiratory rate <input type="checkbox"/> Other <input type="checkbox"/>							
Frequency of assessments conducted within individual surgery:							

