



**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"/>		
		<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"/>

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:

RODENT INTRAOPERATIVE RECORD

Date	Group/ Animal ID	Weight	Analgesic (time/amount)		Start/Finish (time)		Other Observations/Notes (Intra- and immediate post-procedural assessments, complications, interventions, time of euthanasia, etc.)	Initials