**Non-USDA Surgery Record**

**PI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Protocol #:** \_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_**  **Procedure Date:**\_\_\_\_\_\_\_\_\_

**Procedure Start Time: \_\_\_\_\_\_\_\_\_\_\_ AM/PM Procedure Stop Time: \_\_\_\_\_\_\_\_\_\_\_ AM/PM**

**Animal ID(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Body Weight, g:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Species**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Surgeon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Anesthetist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Anesthetic Agent(s) Injectable (name, dosage (mg/kg), dose (mgs), route and volume): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time administered: \_\_\_\_\_\_\_\_\_\_\_ AM/PM**

**Anesthetic Agent(s) Inhalant (name and percentage): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Start time: \_\_\_\_\_\_ AM/PM Stop time: \_\_\_\_\_\_ AM/PM**

**Analgesics (name, dose, route and volume):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time administered: \_\_\_\_\_\_\_\_\_\_\_ AM/PM**

**Heat Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (examples: infrared heating pad, bair hugger or circulating water blanket)**

**Surgical Name and Description (include surgical approach, description of actual procedure, type of suture material (if applicable), type of implant (if applicable) and closure technique):**

**Intra-Procedural Monitoring:**

 **Animal(s) was visually monitored continuously**

|  |  |  |  |
| --- | --- | --- | --- |
| **Time** | **Respirations** | **Confirm Surgical Plane of Anesthesia (ie: toe pinch)** | **Comments/ Other** |
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**Procedure Notes:**

**Post-Anesthesia Recovery Observations:**

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| --- | --- |
| **Time** | **Recovery Level** |
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|  |  |

1 = Alert, responsive, moving around 2 = responsive but not active

3= non-responsive, sedated

**If terminal surgery, list euthanasia method:**

**Continued Monitoring Requirements (Days Following Procedure):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Animal ID(s)** | **Date** | **Time** | **General Observations** | **Other Parameters****(described in animal care and use protocol- ex: grimace scale, body condition scoring, body weights, etc)** | **Post-Operative Meds****(include name, dose (mgs), dosages (mg/kg), volume (mls), route)** | **Initials** |
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