

Individual Animal Surgery Report

AACUP (Agricultural Animal Care and Use Program)

Use this form to record the procedures conducted with an individual animal.

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|-------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Procedure | Date Performed: |
| Protocol #: | Surgeon and Assistant (s): *limited to personnel listed on IACUC Protocol *Surgeon must sign and initial completed report |
| Animal ID: | |
| | |

Pre-Operative Physical Examination: Body Temp. _____ Pulse (optional) _____
 Respirations _____ Body weight _____
 Other Findings _____

Pre-Surgical Medications Administered

| Drug | Dose | Route | Time | Initials |
|------|------|-------|------|----------|
| | | | | |
| | | | | |
| | | | | |

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|--------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Anesthesia: Start Time: ____:____ am/pm End Time: ____:____ am/pm | Surgery: Start Time: ____:____ am/pm Stop Time: ____:____ am/pm |
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Additional comments/notes:

Surgeon's Signature _____

