

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
SMALL ANIMAL OPERATIVE AND POST-OPERATIVE CARE

Date: _____

Procedure: _____

Initials: _____

ANIMAL INFORMATION

Animal ID#	Strain/Geno	Sex	Pre-Op Weight

SURGERY

	Surgery Start	Other Procedure	Surgery End
Time:			

ANESTHETIC (Drugs(s) administered: _____)

	Initial	Booster	Booster	Booster	Booster
Dosage:					
Time Given:					
Reason:					

RECOVERY AND POST-PROCEDURAL ANALGESICS

Date / Time:					
Drug and Dose:					
Animal Status:					