

ANESTHESIA RECORD/SURGERY LOG

Investigator: _____ **Procedure:** _____ **Date:** _____

Species: _____ **Account:** _____ **UCAR #** _____ (Confirmed _____)

Animal ID: _____ (Confirmed _____) **Anesthesiologist:** _____

Pre-procedure : (baseline) **HR** _____ **RR** _____ **Temp** _____ **BCS** _____ **Today's Weight** _____ **Kg**
 estimated wt: _____

Medication (mg/ml)	Dosage (mg/kg)	Dose To Be Administered		Route of Admin.	Time Given	Initials
	mg/kg	mg	ml			
	mg/kg	mg	ml			
	mg/kg	mg	ml			
	mg/kg	mg	ml			
	mg/kg	mg	ml			
	mg/kg	mg	ml			
	mg/kg	mg	ml			
	mg/kg	mg	ml			
IV Fluids Solution:	ml/kg/hr: _____	ml/hr: _____	drops/min: _____	Max vol.		

Time												
Isoflurane %												
Oxygen (L/M)												
Fluids												
Temp (°F)												
Pulse (BPM)												
SpO2												
RR (BPM)												
ETCO2												
MM Color												
CRT												
Reflexes												
BP												
MAP												

Total Fluids Received: _____

Time Extubated: _____

Date: _____

ANESTHESIA RECORD/SURGERY LOG-continued

Animal ID: _____

Time													
Isoflurane %													
Oxygen (L/M)													
Fluids													
Temp (°F)													
Pulse (BPM)													
SpO2													
RR (BPM)													
ETCO2													
MM Color													
CRT													
Reflexes													
BP													
MAP													

Time													
Isoflurane %													
Oxygen (L/M)													
Fluids													
Temp (°F)													
Pulse (BPM)													
SpO2													
RR (BPM)													
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