DCM POST-PROCEDURE RECORD

Investigator	Date	Animal ID
UCAR#	Phone#	Emergency#
Room	Species	Today's Weight
Account #		
Anesthetic used:		
Procedure (include complications if any):		
Post Procedure Orders (antibiotics, analgesics, special diets, suture removal, etc.)		Who completes the treatment (lab, DCM)?
1)		
2)		
3)		
4)		
5)		
6)		

Date	Observation	Treatment	Initials

Condition_____L1_____L2_____L3_____

ref #_____

DCM POST-PROCEDURE RECORD (Continuation page)

Animal ID#	Room#	Investigator
Account#	Date of Procedure	Procedure

Date	Observation	Treatment	Initials

Condition_____L1_____L2_____L3_____

Ref #_____