NIH/ NINDS/AHCS
LABORATORY ANIMAL SURGERY/ANESTHESIA RECORD

Bldg/Room#:_____

Cage Card # /Rack #:	**Surgical Procedure:**						**Pre-Surgical Weight (gram):**	
ASP#/Institute:	Anesthesia	Drug	Dose	Route	Time		**ID #:**	**Weight:**
P.I & Phone#.:	Induction 1						**1**	
	Induction 2							
# of Animals Per Cage:	Maintenance						**2**	
Sex/Age:							**3**	
Species/Strain:	Reversal Agent						**4**	
Date of Surgery: ____/____/_____ MM DD YYYY	Time of Anesthesia Termination:							
Person Responsible for Post-Op Care: **(Include Phone Number)**	Post-Op Care Instructions:							
Analgesia Rx Per ASP:								

Post-op Assessment

* Refer to assessment chart

Date:	An #:										
Post Sx Day #:		1	2	3	4	5	6	7	8	9	10
Attitude/ Activity	1										
	2										
	3										
	4										
Appearance	1										
	2										
	3										
	4										
Gait/Posture	1										
	2										
	3										
	4										
Surgical Site	1										
	2										
	3										
	4										
Appetite/ Hydration	1										
	2										
	3										
	4										
Weight (g)	1										
	2										
	3										
	4										
Weight Score	1										
	2										
	3										
	4										
Assessment Score*	1										
	2										
	3										
	4										
Feces (+/-)	1										
	2										
	3										
	4										
Eye +WNL -abnormal	1										
	2										
	3										
	4										
Initials											