

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 (
Pulse (BPM)												
SpO2												
RR (BPM)												
ETCO2												
MM Color												
CRT												
Reflexes												
BP												
MAP												

Total Fluids Received: _____

Time Extubated: _____

ANESTHESIA RECORD/SURGERY LOG-continued

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

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