



**Animal Care Facility Form**


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**TITLE: Controlled Substance – Ketamine/Xylazine/Acepromazine/0.9% NaCl Document No.:906.01.frm**

**Effective Date:** \_\_\_\_\_

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**ORIGINATOR:** \_\_\_\_\_ Horatiu V. Vinerean \_\_\_\_\_

**APPROVED:** \_\_\_\_\_  10/12/12 (Attending Veterinarian)

**APPROVED:** \_\_\_\_\_  10/22/12 (Facility Manager)

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Summary of Changes to this Document:

Distribution:  
(1) Animal Facility



Animal Care Facility Form

TITLE: Controlled Substance – Ketamine/Xylazine/Acepromazine/0.9% NaCl

Document No.:906.01.frm

Effective Date: \_\_\_\_\_

Mix: 1 ml Ketamine (100mg/ml)
0.5 ml Xylazine (20 mg/ml)
0.3 ml Acepromazine (10 mg/ml)
8.2 ml Saline (0.9%)

Inject IP: 0.1 to 0.125 ml/10g body weight (Mice)

Vial number: KX - \_\_\_\_\_ Lot and vial #: Ketamine: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
Date Prepared / Initial: \_\_\_\_\_ Xylazine: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
Exp. 30 days post: \_\_\_\_\_ Acepromazine: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
Saline 0.9%: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Table with 9 columns: Date, Init, Audit date / Init, ID \*, Species / Breed, Dosage per animal, Approx. Amt. used, Amount Remaining, Procedure / Comments

Vial number: KX - \_\_\_\_\_ Lot and vial #: Ketamine: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
Date Prepared / Initial: \_\_\_\_\_ Xylazine: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
Exp. 30 days post: \_\_\_\_\_ Acepromazine: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
Saline 0.9%: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Table with 9 columns: Date, Init, Audit date / Init, ID \*, Species / Breed, Dosage per animal, Approx. Amt. used, Amount Remaining, Procedure / Comments

All volumes in ml (cc) unless otherwise noted.

ID\* not inclusive to mice. Enter quantity of mice.

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_