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**Animal Care Facility Form**

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**TITLE:** Anesthetic Record

**Document No.: 930.05.frm**

**Effective Date: 07/26/2019**

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ORIGINATOR: Horatiu Vinerean

APPROVED: \_\_\_\_\_ (Attending Veterinarian)

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**Summary of Changes to this Document:**

12/15/14 Version 2: Streamlined the document

03/25/15 Version 3: Introduced the experiment as an alternative to surgery for the anesthesia. Added Celsius to the Fahrenheit scale for the temperature. Introduced sedation reversal.

02/09/16 Version 4: Changed the title to Anesthetic record. Added various species to the form. Added euthanasia record to the form.

07/26/19 Version 5: Added fluids section to the table, the blood pressure to the monitoring section and a table for drug use, lot numbers and expiration dates at the bottom of the form. Added various species to the form. Added euthanasia record to the form.

**Distribution:**

- (1) Animal Facility



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Study No.: _____	Date: _____	Species (circle one): Pig    Rabbit    Rat    Other: _____	Animal ID: _____	Tattoo: _____			
Animal Weight: _____ lbs.	kg.	Experiment / Surgery Description:					
Pre-anesthetic: _____	Dose _____	Volume _____	ml	Route: IM/SC/IP Time Given: _____			
Antibiotic: _____	Dose _____	Volume _____	ml	Route: IM/SC/IP Time Given: _____			
Analgesic: _____	Dose _____	Volume _____	ml	Route: IM/SC/IP Time Given: _____			
Induction anesthetics #1: _____	Dose _____	Volume _____	ml	Route: IM/SC/IP Time Given: _____			
Induction anesthetics #2: _____	Dose _____	Volume _____	ml	Route: IM/SC/IP Time Given: _____			
Intubation using a _____ ET/Face Mask / Laryngeal mask at _____ (Time), then maintained with Isoflurane/O <sub>2</sub> inhalation anesthesia.							
Sedation reversal _____	Dose _____	Volume _____	ml	Route: IM/SC/IP Time Given: _____			
Fluids _____	Dose _____ ml/kg/h	Volume _____	ml/h	Catheter size/placement _____			
Surgery / Experiment Started: _____ (Time)    Surgery / Experiment Complete: _____ (Time)    Euthanasia: _____							
Anesthesia record:							
Item	Start	10 min	20 min	30 min	40 min	50 min	60 min
Blood Pressure (Osc.)							
O <sub>2</sub> Sat. %							
Heart Rate							
Temp (°C/°F)							
Isoflurane %							
Fluids (ml's)							

Drug name	Lot#	Exp. Date	Bottle #

Anesthetist: \_\_\_\_\_    Surgeon: \_\_\_\_\_    Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



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**Anesthesia record:**

Item	70 min	80 min	90 min	100 min	110 min	120 min	130 min
Blood Pressure							
O <sub>2</sub> Sat. %							
Heart Rate							
Temp (°C/°F)							
Isoflurane %							
Fluids (ml's)							

Item	140 min	150 min	160 min	170 min	180 min	190 min	200 min
Blood Pressure							
O <sub>2</sub> Sat. %							
Heart Rate							
Temp (°C/°F)							
Isoflurane %							
Fluids (ml's)							

Item	210 min	220 min	230 min	240 min	250 min	260 min	270 min
Blood Pressure							
O <sub>2</sub> Sat. %							
Heart Rate							
Temp (°C/°F)							
Isoflurane %							
Fluids (ml's)							

Anesthetist: \_\_\_\_\_

Surgeon: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

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



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Study No.: \_\_\_\_\_ Date: \_\_\_\_\_ Animal ID: \_\_\_\_\_ Tattoo: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. \_\_\_\_\_ kg.

Anesthesia record:

Item	280 min	290 min	300 min	310 min	320 min	330 min	340 min
Blood Pressure							
O <sub>2</sub> Sat. %							
Heart Rate							
Temp (°C/F)							
Isoflurane %							
Fluids (ml's)							

Item	350 min	360 min	370 min	380 min	390 min	400 min	410 min
Blood Pressure							
O <sub>2</sub> Sat. %							
Heart Rate							
Temp (°C/F)							
Isoflurane %							
Fluids (ml's)							

  

Item	420 min	430 min	440 min	450 min	460 min	470 min	480 min
Blood Pressure							
O <sub>2</sub> Sat. %							
Heart Rate							
Temp (°C/F)							
Isoflurane %							
Fluids (ml's)							

Anesthetist: \_\_\_\_\_

Surgeon: \_\_\_\_\_

ANESTHETIC RECORD

Reviewed By: \_\_\_\_\_

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



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**Anesthesia record:**

Item	490 min	500 min	510 min	520 min	530 min	540 min	550 min
Blood Pressure							
O <sub>2</sub> Sat. %							
Heart Rate							
Temp (°C/°F)							
Isoflurane %							
Fluids (ml's)							

Item	560 min	570 min	580 min	590 min	600 min	610 min	620 min
Blood Pressure							
Time							
O <sub>2</sub> Sat. %							
Heart Rate							
Temp (°C/°F)							
Isoflurane %							
Fluids (ml's)							

Item	630 min	640 min	650 min	660 min	670 min	680 min	690 min
Blood Pressure							
O <sub>2</sub> Sat. %							
Heart Rate							
Temp (°C/°F)							
Isoflurane %							
Fluids (ml's)							

Anesthetist: \_\_\_\_\_

Surgeon: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

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