



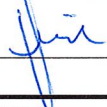
Animal Care Facility Form

TITLE: Rodent Post-Surgical Record

Document No.: 931.01.frm

Effective Date: 09/11/2014

ORIGINATOR: ____Horatiu Vinerean____

APPROVED: __________ (Attending Veterinarian)

Summary of Changes to this Document:

Distribution:

(1) Animal Facility

Animal Care Facility Form

TITLE: Rodent Post-Surgical Record

Document No.: 931.01.frm
Effective Date: 09/11/2014

Protocol #: _____ Cage #: _____ Identification: _____ Date: _____ Date of Arrival: _____

Species: Rat / Mouse Strain: _____ Sex: _____ Analgesic: _____ Fluids: _____

Type of procedure:

Condition: G = Good F = Fair P = Poor

[illegible]

IV-intravenous

IM-intramuscular

SQ-subcutaneous

IP-intraperitoneal

X= Not Applicable

Anesthetist: _____

Surgeon: _____

Reviewed By: _____ Date: _____