

## **Animal Care Facility Form**

<b>TITLE: Rodent Post-Surgical Record</b>	Document No.: 931.01.frm
	<b>Effective Date: 09/11/2014</b>
ORIGINATOR:Horatiu Vinerean	
APPROVED:	(Attending Veterinarian)
Summary of Changes to this Document	

Distribution:

(1) Animal Facility



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Reviewed By:	Anesthetist:	IV						Date		Type of procedure:	Species: R	Protocol#:	TITLE: R
Ву:	st:	IV-intravenous						Weight (g)		ocedure:	Species: Rat / Mouse Strain:	:Cage #:	TITLE: Rodent Post-Surgical Record
Da	Su	IM-intramuscular						<sup>(</sup> Condition			Sex:		Record
Date:	Surgeon:	SQ-sub						Analgesic	Condition:		Sex: Analgesic: Fluids:	Identification:	
		SQ-subcutaneous						Fluids	G = Good F = Fair		FI	Date:	
		IP-intraperitoneal						Comments	r P=Poor		Fluids:	Date of Arrival:	
		X= Not Applicable											Document No.: 931.01.frm Effective Date: 09/11/2014
		ē						Initials					\$1.01.frm \/11/2014