

**Post-Surgical Monitoring & Care  
Individual Record**

Protocol Information		Personnel Information	
Protocol #:		Lead Researcher:	
Species:		Contact Name:	
Animal ID:		Phone #:	
Surgery Date:			
Pre-Surgical Weight:			

**Surgical Procedures:**

**Post-Operative Monitoring & Care Plan**

**OBSERVATIONS & TREATMENTS**

Date	Time	Weight (g)	Observations <i>N=normal, A=abnormal</i>			Comments	Treatments <i>(Analgesics, antibiotics, fluids, etc.)</i>			Initials
			Appetite	Activity	Incision		Agent	Amount	Route	

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