



BROWN

Rodent Anesthesia Monitoring Record (Non-Survival Surgery)

Date:	PI:	Animal Protocol#:	Tag#/ID(s):	Species:	Strain:	Sex:
Procedure:		Surgeon:		Contact #:		
Anesthetic Agent(s): Dose (mg), route		Isoflurane _____% in oxygen		Time of Induction:		
Duration _____ hours	Surgical notes and/or complications:					

Surgical Monitoring

Animal Tag#/ID	Time	Negative Toe Pinch	Normal Breathing	Other (describe)	Animal Tag#/ID	Time	Negative Toe Pinch	Normal Breathing	Other (describe)	Animal Tag#/ID	Time	Negative Toe Pinch	Normal Breathing	Other (describe)
	:15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		:15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		:15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	:45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		:45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		:45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	:15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		:15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		:15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	:45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		:45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		:45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>Post-Surgical Euthanasia</p> <p>(Method, dose, route as appropriate)</p>	
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