



**BROWN**

**Rodent Anesthesia Monitoring Record (Survival Surgery)**

Date:	PI:	Animal Protocol#:	Tag#/ID(s):	Species:	Strain:	Sex:
Procedure:		Surgeon:		Contact #:	Pre-Surgical Weight (g):	
Anesthetic Agent(s): Dose (mg), route		Isoflurane _____% in oxygen	Fluids: Dose (mLs), route, type			
Time of Induction:	Time of Recovery:		Duration _____ hours			
Surgical notes and/or complications:			Pre-Surgical Analgesics (agent, dose, route):			
			Post-Surgical Analgesics:			

**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"/>