

Rodent Procedural Form

Principal Investigator:					Protocol Number:					
Emergency Contact Name:					Emergency Contact Phone Number:					
Surgical/Anesthetic Procedure:										
<u>Anesthetic Substance</u>										
Drug Name:			Dose (e.g. mg/kg):		Volume (e.g. mL/kg):			Route (e.g. SC, IP, INH):		
<u>Analgesic Substance</u>										
Drug Name:			Dose (e.g. mg/kg):		Volume (e.g. mL/kg):			Route: (e.g. SC, IP):		
Frequency and Duration (e.g. every 8-12 hrs for 48 hrs):										
Animal ID or Group ID	Weight (g)	Date of Procedure	Pre-Op Analgesic Time (e.g. 11:30am)	Post -Op Analgesic		Post -Op Analgesic		Post -Op Analgesic		Comments
				Date	Time	Date	Time	Date	Time	