Office of the University Veterinarian

Primary Investigator	**ANESTHESIA RECORD**	
Anesthetist		Date
Procedure		Animal ID
Pre-operative physical exam:		IACUC #
Temp: Heart rate:	Weight:	
Resp rate: Other:	Body Condition Score (1-5)	

Premedication & Induction

Drug	Dose (mg/kg)	Volume (mL)	Route	Time	Comments

	:00	:15	:30	:45	:00	:15	:30	:45	:00	:15	:30
Fluid type & Rate Total:											
Temperature											
Mucous membrane color/crt											
Oxygen L/minute											

Vaporizer Setting %

Agent:
- 4
- 3
- 2
- 1

SpO2

Start/Stop Anes	A
Start Procedure	O
Stop Procedure	X
Pulse	●
Respiratory Rate	+
Blood Pressure	
Systolic	v
Mean	-
Diastolic	^

140
120
100
80
60
40
30
20
10

Airway maintenance:
ET tube   Mask
Size _____

System:
Non-Rebreathing
Semi-closed

Local Anesthesia:

Time of extubation:

Remarks or complications (on back if necessary):