

Animal # _____

ARC # _____

Date of Surgery: _____

POST-OPERATIVE MONITORING AND EVALUATION

Date/Initials:							
Medications:	(Include name, dose, route, and time(s) of administration.)						
Analgesia:							
Antibiotics:							
Other fluids/drugs:							
Clinical Observations/ Adverse Effects: (e.g., activity, grooming, respiration, vocalization, eating/drinking, urination/ defecation, cachexia, gait impairment/paralysis)							
Body Weight: (if weight loss occurs, include % change from pre- operative body weight)							
Incision Monitoring: (e.g., redness or swelling around/under incision, exudate from surgical site)							
Suture/Wound Clip Removal:							
Other Notes:							