

**UCLA School of Medicine**  
**Division of Laboratory Animal Medicine**  
**Procedure Record**

➤ *Complete this record when administering sedatives or anesthetics to animals for survival and non-survival procedures.*

Principle Investigator		Department:		Phone:	
Surgeon:		Protocol No.:		Surgery Date:	
Animal No.:		Species:		Weight:	
Emergency Contact 1:		Beeper:		Home Phone:	
Emergency Contact 2:		Beeper:		Home Phone:	

➤ **Pre-Procedural Physical Exam**

Temperature:		Pulse Rate:		Respiration Rate:	
CRT:		Heart:		Lungs:	

➤ **Other tests/findings:** (CBC, chemistry panel, etc.)

➤ **Procedure Information**

Preanesthetic agents*:	
Anesthetic agents*:	
Other agents*:	
Anesthesia time:	

\*Include dose and route information

➤ **Procedure:**

➤ **Complications:** (e.g.: vomiting, hemorrhage, respiratory depression, hypo-/hyperthermia, hypoxia, aspiration, seizure, etc.)

➤ **Post-Procedure Instructions**

Antibiotics:	
Analgesics:	
Fluids:	
Food	NPO: (number of days)
	Ad libitum:
	Special diet:
Contraindications:	
Other Instructions:	