UCSD – Animal Care Program

Post Operative Record

(*Individual Animal*)

PI Name:	UCSD Phone:	Cell Phone:	Emergency Phone:
Contact Name:	UCSD Phone:	Cell Phone:	Emergency Phone:
Protocol #:	Protocol Title:		
Date:	Procedure:		
ACP ID:	Species:	Body weight:	Analgesics? ☐ Yes ☐ No
Analgesic Agent:	Dose (mg/kg):	Frequency:	Route:
Antibiotic Agent:	Dose (mg/kg):	Frequency:	Route:

Date	Time	Temp	Observations	Treatments		Initials
				AM	PM	

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(*Individual Animal*)

Date	Time	Temp	Observations	Treatments		Initials
				AM	PM	