

**Rodent Anesthesia Record**

Documentation of anesthesia and analgesia administration, as described in the protocol, is required for rodents. This form may be printed and used, as guidance for the necessary information, or modified to fit individual lab needs.

Date of Procedure: \_\_\_\_\_ Description of Procedure: \_\_\_\_\_

Protocol Number: \_\_\_\_\_

Animal ID: \_\_\_\_\_ Body Wt: \_\_\_\_\_

Person Performing Procedure: \_\_\_\_\_

Cage Card Number: \_\_\_\_\_ Species: \_\_\_\_\_

**Anesthetic Procedure Log:**

Record individual animal details for initiation of anesthesia, pre-procedural analgesics, and recovery time of animals. Below  
 N=normal, Ab=abnormal, P=present, A=absent

<b>Anesthetic Agent(s)</b>				
Name(s):				
Vol./% Admin.	Time	Respiration N/Ab	Toe pinch P/A	Notes

Time Procedure Completed	Time Recovered from Anesthesia (awake and sternal)	
		Initials

Observations/Comments during the procedure: \_\_\_\_\_

\_\_\_\_\_

**Post-Procedural Recovery / Analgesic Administration Log**

Record analgesic administration as described in the animal protocol and any variations from normal during recovery.

Animal ID	Date	Time	Incision site	Posture		Activity			Additional Comments	Initials
			Dry and Intact	Normal	Hunched	Normal	Decreased	Lethargic		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Analgesics				
Date	Time	Analgesic	Dose (mg), route	Initials

Suture, Staple, Wound clip removal	
Date	Initials