

ANESTHESIA RECORD/SURGERY LOG

Investigator _____ Date _____ Procedure _____

Species _____ Account # _____ UCAR # _____ (Confirmed Initials _____)

Patient ID: _____ (Confirmed Initials _____) Anesthesiologist: _____

Pre-surgery: Respiration _____ Pulse _____ Temp _____ BCS _____ Weight _____

Medication (mg/ml)	Dosage to be given	Dose to be administered (mg and ml)	Route of admin.	Time given
	mg/kg	mg ml		
	mg/kg	mg ml		
	mg/kg	mg ml		
	mg/kg	mg ml		
	mg/kg	mg ml		
	mg/kg	mg ml		
	mg/kg	mg ml		
	mg/kg	mg ml		
IV. Solution _____	_____ ml/kg/hr	_____ ml's/hr _____ drops/min	Max vol _____	

Time												
Isoflurane (%)												
O₂ (L/M)												
Fluids												
Temperature (°F)												
Pulse/min.												
Respiration/min.												
MM color												
CRT												
Reflexes												
SaO₂												
ETCO₂												
Blood pressure												
MAP												

Total Fluids Received _____

Extubated @ _____

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Time											
Isoflurane (%)											
O₂ (L/M)											
Fluids											
Temperature (°F)											
Pulse/min.											
Respiration/min.											
MM color											
CRT											
Reflexes											
SaO₂											
ETCO₂											
Blood pressure											
MAP											

Time											
Isoflurane (%)											
O₂ (L/M)											
Fluids											
Temperature (°F)											
Pulse/min.											
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