

Post-operative monitoring/analgesia

Procedure

Performed: _____

Date: _____

PI name/Protocol #: _____

Cage Card #: _____

Analgesia name/dose

(mg/kg) _____

Give (circle one) 1x/day 2x/day

Other _____ for _____ days

Date							
Initials							

Comments/postoperative observations:
