

Principal Investigator:	IACUC#:	USDA ID (tag#/Tattoo):	USF ID #:
-------------------------	---------	------------------------	-----------

Date of Pre-procedural Assessment & Condition:	Body Weight:	Technician:
--	--------------	-------------

Planned Procedure:	Anesthetic Plan:
--------------------	------------------

Time	Resp.Rate / Depth	Mucus Membrane Color	O2 rate	% Iso (or cc Injected)	Pinch Response	Comments: (Induction time, Intraprocedure assessments, complications, incision, additional anesthesia/change in anesthesia etc.) make general comment for all; indicate exceptions	Tech
------	-------------------	----------------------	---------	------------------------	----------------	--	------
