



Animal # \_\_\_\_\_

ARC # \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

**POST-OPERATIVE MONITORING AND EVALUATION**

<b>Date/Initials:</b>							
<b>Medications:</b>	(Include name, dose, route, and time(s) of administration.)						
Analgesia:							
Antibiotics:							
Other fluids/drugs:							
<b>Clinical Observations/ Adverse Effects:</b> (e.g., activity, grooming, respiration, vocalization, eating/drinking, urination/ defecation, cachexia, gait impairment/paralysis)							
<b>Body Weight:</b> (if weight loss occurs, include % change from pre- operative body weight)							
<b>Incision Monitoring:</b> (e.g., redness or swelling around/under incision, exudate from surgical site)							
<b>Suture/Wound Clip Removal:</b>							
<b>Other Notes:</b>							