

## Rodent Anesthesia Record

This form is intended for non-surgical anesthetic procedures of < 30 minutes duration

IACUC Protocol Number:

Principal Investigator:

Responsible Research Staff Name:

Contact Number:

After Hours Contact Number:

UM Email:

Procedure:

Procedure Date:

Species:  Mice  Rats

| Date | Cage or Animal ID | Anesthetic Agents and Dosages*<br>(tot. mg or mg/kg) | Volume and Site Administered<br>(IV, SQ, IM, IP) | Eye Lube Instilled           | Toe Pinch Performed          | Anesthesia Monitoring Conducted as per AUP? | Procedure Start and Stop Times | Heat provided?               | Initials |
|------|-------------------|--|--|------------------------------|------------------------------|---|--------------------------------|------------------------------|----------|
|      |                   |  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes                | Start:<br>Stop:                | <input type="checkbox"/> Yes |          |
|      |                   |  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes                | Start:<br>Stop:                | <input type="checkbox"/> Yes |          |
|      |                   |  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes                | Start:<br>Stop:                | <input type="checkbox"/> Yes |          |
|      |                   |  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes                | Start:<br>Stop:                | <input type="checkbox"/> Yes |          |
|      |                   |  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes                | Start:<br>Stop:                | <input type="checkbox"/> Yes |          |
|      |                   |  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes                | Start:<br>Stop:                | <input type="checkbox"/> Yes |          |
|      |                   |  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes                | Start:<br>Stop:                | <input type="checkbox"/> Yes |          |

\*Records of anesthetic procedures are to be retained by the PI and available for AV or IACUC review. This form is an example, PI's are welcome to use this form or one of their choosing to document rodent anesthesia, but should contain the information requested above. Documentation of anesthesia should be retained by the PI. This form can be used to monitor more than one animal.

### Comments/Complications (Date, Animal ID, and comment)

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