The Ohio State University
University Laboratory Animal Resources

Rodent Surgery
Multiple Animal Post-Operative Care Record

Investigator_____ Protocol_____ Species _____
(Please initial all entries and indicate am or pm)

Procedure_____

Surgery Location_____ Housing Location_____

Animal #	Date of Surgery	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7

Notes:
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