DLAM POST-OP RECORD

Investigator	Date	Animal ID
UCAR#	Phone#	Emergency#
Room	Species	Weight
Account #		
Anesthetic used:		
Procedure (include complications if any):		
Post Operative Orders (antibiotics, fluids, analgesics, special diets):		

Date	Observation	Treatment	Init.

Procedure # _____

S:/DLAM/forms/dlam post-op record.xls