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| **Date: Protocol #:**  **Species: Performed by:** | |
| **Procedure description:** | **Anesthetic Depth Checked Via:** |

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| Animal # | Weight (grams) | Anesthetic Agent % | Oxygen (L/min) | Anesthesia Start Time | Heating pad + eye ointment | Procedure Start Time | Anesthetic depth checked? | | | | | | | | | Procedure End Time | Time Analgesia Given | Recovery Time | Initials | Notes |
| 0 | 15 | 30 | 45 | 60 | 75 | 90 | 105 | 120 |
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**Anesthetic Administration**

Agent:

Dose:

Route:

**Analgesic Administration**

Agent:

Dose:

Route:

**Additional Notes**