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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**