

Principal Investigator:	IACUC#:	USDA ID (tag#/Tattoo):	USF ID #:
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Date of Pre-procedural Assessment & Condition:	Body Weight:	Technician:
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Planned Procedure:	Anesthetic Plan:
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Time	Resp. Rate / Depth	Mucus Membrane Color	O2 rate	% Iso (or cc Injected)	Pinch Response	Comments: (Induction time, Intraprocedure assessments, complications, incision, additional anesthesia/change in anesthesia etc.) make general comment for all; indicate exceptions	Tech
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