



**ANIMAL RESOURCE CENTER -PROCEDURE PLANNING SHEET**  
Procedure Planning Sheet **MUST** be submitted at least 48 hrs in advance  
(Complete both sides)

Investigator: \_\_\_\_\_ Protocol #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ Account #: \_\_\_\_\_  
Emergency Contact/ Phone #: \_\_\_\_\_

Species: \_\_\_\_\_ # of Animals for Procedure: \_\_\_\_\_  
Animal Housing Room: \_\_\_\_\_ Animal ID: \_\_\_\_\_

**Survival**

**Non-Survival**

Date of Procedure: \_\_\_\_\_ Time of Procedure: \_\_\_\_\_  
Describe Procedure: \_\_\_\_\_

**By choosing the following items you are asking the Veterinary Technicians to provide the items or services.**

(Choose all that apply)

**Pre-procedural Instruction**

Withhold food: \_\_\_\_\_  Withhold water: \_\_\_\_\_  Other: \_\_\_\_\_

**Items to be sterilized for PI must be provided 48 hours in advance**

STEAM STERILIZATION  GAS STERILIZATION

**Special Facilities/ Equipment**

Operating Room  ECG monitor  Heating Pad  
 Prep Room  Electric Caутery  Suction  
 Anesthesia Machine  Incubator  Clippers  
 X-ray Room  Surgical instruments  Other: \_\_\_\_\_

Please list all Medications with quantities needed from the ARC for this procedure (i.e. anesthetics, analgesics, antibiotics, fluids)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Services provided by Veterinary Technician:**

- Assistance with Pre-Anesthetic Induction
  - Surgical Preparation of Animal
  - Anesthesia Monitoring/ Surgical Assistance
  - Anesthesia Recovery: \_\_\_\_\_
  - Post operative Evaluation
  - For partial post op evaluation please fill out a Treatment Request form:  
[http://labanimals.cwru.edu/Forms/Treatment\\_Request.pdf](http://labanimals.cwru.edu/Forms/Treatment_Request.pdf)
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❖ Unless prior arrangements are made with Veterinary Services, Investigative Staff are responsible for daily examinations and appropriate care during the post-procedure recovery period. This includes observation of attitude, appetite and stool, rectal temperature when indicated, evidence of pain, and assessment of the surgical wound. Daily observations **MUST** be documented on the animal's Clinical Record and continue 7 days post op, including weekends. Sutures/ staples must be removed no later than 14 days post op.

I understand and agree to the above statement to provide post op care for the animals indicated on this form.

Personnel providing post op care: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_