**Procedure and Health Record (Detailed)**

Document to remain with the animal until removed by research staff

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| Investigator: | IACUC Protocol #: | Species: | |
| Contact Name: | Phone #: | After hours #: | Procedure Date: |
| Surgical Procedure: | | | |
| Frequency of monitoring and care plan (freq. of monitoring, study removal criteria, method of euthanasia, etc.): | | | |

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| **Date & Time** | **Animal ID** | **General Observations:**  Appetite, responsiveness, ability to move, hydration, etc.: | **Assessment of pain and discomfort or ERS** | **Body or tumor Weight/BCS** | **Treatment/Removal** |
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