

REQUEST FOR ANIMAL SURGERY

TODAY'S DATE _____

INSTRUCTIONS – Please provide COMPLETE name of principle investigator and all other information. Billing for animal surgery is calculated in half-hour increments per surgery room. Supplies and charges vary between surgery room only rentals and full surgery room service.

PRINCIPLE INVESTIGATOR _____ DEPARTMENT _____ MAILSTOP _____

BUDGET NAME _____ BUDGET NUMBER _____

PROTOCOL NAME _____ PROTOCOL NUMBER _____

CONTACT NAME _____ PHONE NUMBER _____

DATE SURGERY ROOM NEEDED _____ TIME IN _____ TIME OUT _____

ANIMAL ID NUMBER _____ SPECIES _____ ROOM # _____

SURGICAL PROCEDURE _____

ACUTE SURVIVAL

WILL PHOTOGRAPHS OR VIDEOTAPES BE TAKEN?

YES

NO

SURGEON _____ ASSISTANT SURGEON _____

SURGERY SITE TO BE PREPPED _____

PREOPERATIVE INSTRUCTIONS _____ PERSON RESPONSIBLE _____

MEDICATIONS _____ NPO _____

POSTOPERATIVE INSTRUCTIONS _____ PERSON RESPONSIBLE _____

MEDICATIONS _____ NPO _____

PERSON RESPONSIBLE FOR FIVE DAYS OF POSTOP MONITORING _____

WEEKEND PHONE NUMBER _____

CENTRAL ANIMAL SURGERY OFFICE USE ONLY

SURGERY DATE _____ HOURS BILLED _____ SURGERY ROOM ONLY

TECHNICIAN _____ EXTRA ASSISTANCE _____