**SAMPLE ANESTHETIC MONITORING FORM TEMPLATE**

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| Client ID: | | | | | | |  | | | | | Patient ID: | | | | | | | | | | | | | | | | | | |
| Date: | | | | | | |  | | | | | Species: | | | | | | | | Breed: | | | | | | | | | | |
| Veterinarian: | | | | | | |  | | | | | Age: | | | | | | | | Sex: | | | | | | | | | | |
| Veterinary Technician: | | | | | | |  | | | | | Weight: | | | | | | | | | | | | | | | | | | |
| Procedure: | | | | | | |  | | | | | Pre-op BW: | | | | | | | Yes | | | |  | | | No | | |  | |
| **Pre-surgical Examination Notes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pre-op Status: | | | | | | |  | | | | | Post-op Status: | | | | | | |  | | | | | | | | | | | |
| **Intravenous Fluids** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Catheter size: | | | | | | |  | | | | | Location: | | | | | | |  | | | | | | | | | | | |
| Fluid type: | | | | | | |  | | | | | Maintenance rate: | | | | | | | ml/hr | | | | | | | | | | | |
| Surgery rate: | | | | | | | ml/hr | | | | | Total received: | | | | | | | mls | | | | | | | | | | | |
| Start fluids: | | | | | | |  | | | | | End fluids: | | | | | | |  | | | | | | | | | | | |
| **Pre-Anesthetic Drugs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drug | | | | | Strength | | | | Dose | | | | | | | | Route | | | | | Time | | | | | | | | |
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| **Anesthetic Induction** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drug | | | | | Strength | | | | Dose | | | | | | | | Route | | | | | Time | | | | | | | | |
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| **Anesthetic Maintenance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agent used | | Dose or concentration | | | | | | | | Delivery method | | | | | | ET Tube Size | | | | | | Cuffed | | | | | | | | |
|  | |  | | | | | | | |  | | | | | |  | | | | | | Y | | |  | | N | | |  |
| **Intra-operative Drugs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drug | | | | | Strength | | | | Dose | | | | | | | | Route | | | | | Time | | | | | | | | |
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| **Post-operative Drugs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drug | | | | | Strength | | | | Dose | | | | | | | | Route | | | | | Time | | | | | | | | |
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| **Time-based monitoring** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIME |  | |  | | |  | |  | | |  | | |  |  | | |  | | |  | | |  | | | |  | | |
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| Temp |  | |  | | |  | |  | | |  | | |  |  | | |  | | |  | | |  | | | |  | | |
| Pulse |  | |  | | |  | |  | | |  | | |  |  | | |  | | |  | | |  | | | |  | | |
| RR |  | |  | | |  | |  | | |  | | |  |  | | |  | | |  | | |  | | | |  | | |
| MM |  | |  | | |  | |  | | |  | | |  |  | | |  | | |  | | |  | | | |  | | |
| CRT |  | |  | | |  | |  | | |  | | |  |  | | |  | | |  | | |  | | | |  | | |
| BP |  | |  | | |  | |  | | |  | | |  |  | | |  | | |  | | |  | | | |  | | |
| Other |  | |  | | |  | |  | | |  | | |  |  | | |  | | |  | | |  | | | |  | | |
| **Surgical notes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Start Anesthetic: | | | |  | | | | | | | | | End Anesthetic: | | | | | |  | | | | | | | | | | | |
| Start Surgery: | | | |  | | | | | | | | | End Surgery: | | | | | |  | | | | | | | | | | | |