Date:

Post-Operatic Record

Print Form

Client ID:

Patient ID:

Sex: Breed:

Age: Weight: kg

Presenting Complaint:

Abnormal Pre-op Bloodwork:

Post-op Quals:

PCV: TP: Glu: Lac:

Extubation Time:

ET Tube Size:

Post-op Mods:

Sx:

Anesthetist:

Procedure:

Intraop Complications:

1.

2.

3.

4.

Post-op Complications:

1.

2.

3.

Pain Scale:

Time	HR	RR	Temp	Pain Scale	Drugs / Notes
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