Leach Animal Hospital Surgical Monitoring Sheets Date:_____

Patient:_____ Procedure:_____ Start Time:_____End Time:_____

Rebreather:__ Tube Size:_____ Fluids:_____

Non Rebreather:_____ Catheter Size:_____ Drip Rate:_____

Time	HR(bpm)	BP	Resp Rate	Temp	CRT	Gas Anes Level	SPO_2	Oxygen Flow

Notes:_____

_____

Surgeon:_____ Technician 1: Technician 2: