**Supplemental Section II**

**Survival Surgery**

Instructions: If applicable, submit this form with Section I (AUP).

**(SINGLE CLICK ON SHADED BOXES TO TYPE)**

1. Describe the survival surgery in detail:

Click or tap here to enter text.

1. Multiple survival surgeries
   1. Will you be performing surgery on animals that have undergone previous surgery here or elsewhere, or will they undergo multiple surgeries in this protocol? **Yes**   **No**
   2. If YES, provide scientific justification for multiple major survival surgeries on a given animal.

Click or tap here to enter text.

***Post-operative Care***

1. Describe the post-operative care plan for the animals that will undergo survival surgery.

Click or tap here to enter text.

1. What criteria will be used to determine if an animal is experiencing pain, distress, or discomfort in the post-operative period?

Click or tap here to enter text.

1. How long will post-operative care be maintained?

Click or tap here to enter text.

1. What physical signs or status will result in euthanasia?

Click or tap here to enter text.

***Post-operative Analgesia***

1. List analgesics to be used post-operatively:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Painful Procedure** | **Drug** | **Dose** | **Route** | **Schedule** | **Duration** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. If you are not using analgesia, you must provide scientific justification.

Click or tap here to enter text.

1. List antibiotics to be used for survival surgery.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drug** | **Dose** | **Route** | **Schedule** | **Duration** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. Where will the surgical procedures take place?

Click or tap here to enter text.

1. List the names of the animal users who will perform the surgery. All surgeons must be listed in Section I part 4 (Experience and Training).

Click or tap here to enter text.