

University of Minnesota Controlled Substances Large Animal Use Record

Date: _____

Unit Registrant: _____

Location: _____

Location Registrant: _____

Animal Information

Surgical ID: _____ Protocol #: _____ Investigator: _____

RAR Animal ID: _____ Species: _____

Surgical Procedure: _____

Controlled Substance	Lab Ref. #	Concentration	Vol. (cc)	Initials

Comments: _____

