

Case Log#: _____ Name/ID#: _____ Species/Breed: _____ Sex: _____ Age: _____ Weight: _____ Date: _____ Duration of Care: _____ Tech Role: _____ Clinician: _____
<b>Surgery &amp; Reason Performed:</b>
<b>Pre-op Work Up:</b>
<b>Surgical Clip and Aseptic Prep:</b>
<b>Room/Table Prep:</b>
<b>Specialized Instrumentation &amp; Equipment:</b>
<b>Other Advanced Skills Performed:</b>
<b>Short-term and Long-term Care (including wound care):</b>
<b>Instrument Use and Sterilization:</b>
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