

Marmottes Sassièrè/ Marmots Sassièrè

 Date: 14/05/2015

 Time: 11 h 40

 N° fiche/sheet: 8

 Opérateur/ Handling: COHAS

 N° individu: 1519

 capture id: 9111

Territoire: <u>C</u> <small>Territory</small>	Recapture yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Statut social Dominant <input type="checkbox"/> Sub <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
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956000003032624

 Transpondeur n° 706 D18A

Marking	Metal	n° <u>0576</u>	Oreille / ear <u>OG</u>	Paint <u>orange</u>
	Plastic	n° <u>/</u>	Oreille / ear <u>/</u>	color <u>/</u>
	Implant	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	

Measures

Masse corporelle / Body mass (g)	<u>2125</u>
L. mandibule / Jaw (mm)	<u>69,69</u>
L. Patte ant. / Forefoot (mm)	<u>56,99</u>
L. Cubitus / Ulna (mm)	<u>71,34</u>
L. Patte post. / Hindfoot (mm)	84,01 <u>84,01</u>
L. Tibia (mm)	91,83 <u>91,83</u>
L. TC / Body length (cm)	<u>40,5</u>
Larg. Tête zygomatique/ Zygomatic width (mm)	<u>58,44</u>
Larg. Bassin / Basin width (mm)	<u>54,53</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>/</u>

Age	0 Marmotton <input type="checkbox"/> Pup	2 ans <input type="checkbox"/> 2 years old
	1 an <input checked="" type="checkbox"/> Yearling	≥ 3 ans <input type="checkbox"/> ≥ 3 y

Echantillons / Samples : nbr + étiquette / label

Feces <input checked="" type="checkbox"/>	Eurytic <input checked="" type="checkbox"/> 1.25×10^6
Poils / Hair <input checked="" type="checkbox"/>	Leucotic <input checked="" type="checkbox"/> $3,04 \times 10^5$
Biopsy <input checked="" type="checkbox"/>	Hematocyte <input checked="" type="checkbox"/>
TV / Green tube <input checked="" type="checkbox"/>	Jugal <input type="checkbox"/>
TR / Red tube <input checked="" type="checkbox"/>	Bucal <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	Anal <input checked="" type="checkbox"/>

Statut Repro	Male <input checked="" type="checkbox"/>	Scrotal yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
	Female <input type="checkbox"/>	Allaitante yes <input type="checkbox"/> Lactating no <input type="checkbox"/> unknown <input type="checkbox"/>
		Gestante yes <input type="checkbox"/> Pregnant no <input type="checkbox"/> unknown <input type="checkbox"/>

Hemato TV extract: nb: 1 TR extract: nb: 1 Htot: 53,69 Hematie: 27,61

Remarques / remarks

Extraction GB LOU Stress

Action pose <input type="checkbox"/> dépose <input type="checkbox"/> H début/ <i>start</i> : _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/ <i>end</i> : _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° _____	Type implant: vienn <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments:				
Action pose <input type="checkbox"/> dépose <input type="checkbox"/> H début/ <i>start</i> : _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/ <i>end</i> : _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° _____	Type implant: vienn <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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Comments:				

Surgery

Début: _____

Fin: _____

Injection: _____ H: _____

Injection: _____ H: _____

Anhest. Local (Lurocaïne): _____

Anti-Infl (Metacam): _____ H: _____

Antibio (Baytril): _____ H: _____

Desimplantation

N° implant sous-cut: _____

N° implant Intra-abdo: _____

Implantation

N° implant Intra-abdo: _____

Autres: _____

Stress

PS1

Injection DM: Heure: _____ PS Heure: _____

Injection ACTH: Heure: _____ PS Heure: _____

PS Heure: _____

Comments: