

# Marmottes Sassièrè/ Marmots Sassièrè

 Date: 16/05/2015

 Time: 14h00

 N° fiche/sheet: 21

 Opérateur/ Handling: Céhar

 N° individu: 1576

 capture id: 9124

Territoire: <u>Cha</u> Territory	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"/>
-------------------------------------	--	---



Marking	Transpondeur n° <u>7073D13</u>	Paint
	Metal n° <u>0564</u> Oreille / ear <u>OG</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>1500</u>
L. mandibule / Jaw (mm)	<u>53,95</u>
L. Patte ant. / Forefoot (mm)	<u>48,48</u>
L. Cubitus / Ulna (mm)	<u>64,85</u>
L. Patte post. / Hindfoot (mm)	<u>74,08</u>
L. Tibia (mm)	<u>85,30</u>
L. TC / Body length (cm)	<u>36,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>54,61</u>
Larg. Bassin / Basin width (mm)	<u>47,01</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>/</u>

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

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"/>

### Echantillons / Samples : nbr + étiquette / label

Feces <input checked="" type="checkbox"/>	Eurytic <input checked="" type="checkbox"/> $1,29 \times 10^6$
Poils / Hair <input checked="" type="checkbox"/>	Leucotic <input checked="" type="checkbox"/> $1,68 \times 10^5$
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 type="checkbox"/>	Bucal <input checked="" type="checkbox"/> $3/4$
Frotti / Blood smear <input checked="" type="checkbox"/>	Anal <input checked="" type="checkbox"/>

Hemato TV extract: nb: 1 TR extract: nb: 0 Htot: 45,03 Hematie: 24,41

Remarques / remarks

Extraction GB  Stress

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

**Surgery**

Début: \_\_\_\_\_

Fin: \_\_\_\_\_

Injection: \_\_\_\_\_ H: \_\_\_\_\_

Injection: \_\_\_\_\_ H: \_\_\_\_\_

Anest. 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:**