

# Marmottes Sassi re/ Marmots Sassi re

 Date: 17/05/2015

 Time: 21 h00

 N  fiche/sheet: 52

 Op rateur/ Handling: Cehar

 N  individu: 1546

 capture id: 9150

Territoire: <u>Eadret</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"/>
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<b>Marking</b>	Transpondeur n�	<u>708 96 97</u>		Paint	<u>orange</u>
	Metal n�	<u>0515</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>1800</u>
L. mandibule / Jaw (mm)	<u>58,81</u>
L. Patte ant. / Forefoot (mm)	<u>53,52</u>
L. Cubitus / Ulna (mm)	<u>71,58</u>
L. Patte post. / Hindfoot (mm)	<u>77,20</u>
L. Tibia (mm)	<u>87,58</u>
L. TC / Body length (cm)	<u>39,5</u>
Larg. T�te zygomatique / Zygomatic width (mm)	<u>55,84</u>
Larg. Bassin / Basin width (mm)	<u>51,34</u>
Dist. Ano-G�nitale (cm) (marmotton/pup only)	<u>/</u>

<b>Age</b>	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 +  tiquette / label

Feces <input checked="" type="checkbox"/>	Eurytic <input type="checkbox"/> <u>1</u> $1,27 \times 10^6$
Poils / Hair <input checked="" type="checkbox"/>	Leucotic <input type="checkbox"/> <u>1</u> $2,99 \times 10^5$
Biopsy <input type="checkbox"/> <u>1</u>	Hematocyte <input type="checkbox"/> <u>1</u>
TV / Green tube <input type="checkbox"/> <u>1</u>	Jugal <input type="checkbox"/> <u>0</u>
TR / Red tube <input type="checkbox"/> <u>0</u>	Bucal <input type="checkbox"/> <u>1/3</u>
Frotti / Blood smear <input type="checkbox"/> <u>1</u>	Anal <input type="checkbox"/> <u>1</u>

Hemato	TV extract: nb: <u>1</u>	TR extract: nb: <u>0</u>	Htot: _____	Hematie: _____
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**Remarques / remarks**

Extraction GB <input checked="" type="checkbox"/>	Stress <input type="checkbox"/> <u>0</u>
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<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> viene <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> viene <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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<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> viene <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: \_\_\_\_\_  
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:**