

Marmottes Sassièrè/ Marmots Sassièrè

Date: 48/05/2015

Time: 16 h 30

N° fiche/sheet: 63

Opérateur/ Handling: _____

N° individu: 1604

capture id: 9250

→ 1618

Territoire: <u>A</u> Territory	Recapture yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Statut social Dominant <input type="checkbox"/> Subj <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
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Measures

Masse corporelle / Body mass (g) 1500g

L. mandibule / Jaw (mm) _____

L. Patte ant. / Forefoot (mm) _____

L. Cubitus / Ulna (mm) _____

L. Patte post. / Hindfoot (mm) _____

L. Tibia (mm) _____

L. TC / Body length (cm) _____

Larg. Tête zygomatique/ Zygomatic width (mm) _____

Larg. Bassin / Basin width (mm) _____

Dist. Ano-Génitale (cm) (marmotton/pup only) _____

Marking

Transpondeur n° 936 00000136 16978

Metal n° _____ Oreille / ear G

Plastic n° _____ Oreille / ear _____ color _____

Implant yes no

Paint

Age

0 Marmotton Pup
 1 an Yearling

2 ans 2 years old
 ≥ 3 ans ≥ 3 y


Statut Repro

Male Scrotal yes
 no
 unknown

Female Allaitante yes
 Lactating no
 unknown

Gestante yes
 Pregnant no
 unknown

Echantillons / Samples : nbr + étiquette / label

Feces <input checked="" type="checkbox"/>		Eurytic <input type="checkbox"/>
Poils / Hair <input type="checkbox"/>		Leucotic <input type="checkbox"/>
Biopsy <input type="checkbox"/>	<input type="radio"/>	Hematocyte <input type="checkbox"/>
TV / Green tube <input type="checkbox"/>	<input type="radio"/>	Jugal <input type="checkbox"/>
TR / Red tube <input type="checkbox"/>	<input type="radio"/>	Bucal <input type="checkbox"/>
Frotti / Blood smear <input type="checkbox"/>	<input type="radio"/>	Anal <input type="checkbox"/>

Hemato TV extract: nb: _____ TR extract: nb: _____ Htot: _____ Hematie: _____

Remarques / remarks

Extraction GB Stress

Action pose <input type="checkbox"/> dépose <input type="checkbox"/> H début/start: _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° _____	Type implant: vienne <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/start: _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° _____	Type implant: vienne <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: _____	Stress PS1 <input type="checkbox"/> Injection DM: Heure: _____ PS <input type="checkbox"/> Heure: _____ Injection ACTH: Heure: _____ PS <input type="checkbox"/> Heure: _____ PS <input type="checkbox"/> Heure: _____
Desimplantation N° implant sous-cut: _____ N° implant Intra-abdo: _____ Implantation N° implant Intra-abdo: _____ Autres: _____	Comments: