

Marmottes Sassi re/ Marmots Sassi re

 Date: 18/05/2015

 Time: 16h20

 N  fiche/sheet: 67

 Op rateur/ Handling: Cobas ~~7544~~

 N  individu: 1544

 capture id: 9159








Territoire: <u>N</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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Marking	Transpondeur n� <u>70B2575</u> <small>956000003011701</small>	Metal n� <u>Ø188</u>	Oreille / ear <u>OG</u>	Paint <input checked="" type="checkbox"/> <u>rouge sur l'oreille</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>1200</u>
L. mandibule / Jaw (mm)	<u>53,77</u>
L. Patte ant. / Forefoot (mm)	<u>47,97</u>
L. Cubitus / Ulna (mm)	<u>60,09</u>
L. Patte post. / Hindfoot (mm)	<u>69,19</u>
L. Tibia (mm)	<u>80,03</u>
L. TC / Body length (cm)	<u>36,5</u>
Larg. T�te zygomatique / Zygomatic width (mm)	<u>50,17</u>
Larg. Bassin / Basin width (mm)	<u>43,31</u>
Dist. Ano-G�nitale (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

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 + �tiquette / label	
Feces <input checked="" type="checkbox"/> 	Eurytic <input type="checkbox"/> <u>1,03 x 10⁶</u>
Poils / Hair <input checked="" type="checkbox"/>	Leucotic <input type="checkbox"/> <u>3,55 x 10⁵</u>
Biopsy <input checked="" type="checkbox"/> 	Hematocyte <input type="checkbox"/> <u>1</u>
TV / Green tube <input checked="" type="checkbox"/> 	Jugal <input type="checkbox"/> <input checked="" type="checkbox"/>
TR / Red tube <input type="checkbox"/> 	Bucal <input type="checkbox"/> <u>1/14</u> 
Frotti / Blood smear <input checked="" type="checkbox"/> 	Anal <input type="checkbox"/> <u>1</u> 

Hemato TV extract: nb: <u>1</u> 	TR extract: nb: _____	Htot: <u>32,75</u>	Hematie: <u>16,60</u>
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Remarques / remarks	Extraction GB <input checked="" type="checkbox"/> 
	Stress <input type="checkbox"/>

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: _____

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:

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