

Marmottes Sassièrè/ Marmots Sassièrè

Date: 18/05/2015

Time: 19h00

N° fiche/sheet: 72

Opérateur/ Handling: Stéphanie

N° individu: 1481

capture id: 9253

Territoire: <u>Etalus</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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Measures

Masse corporelle / Body mass (g)	<u>3550</u>
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° <u>708C297</u>		Paint <input type="radio"/> Vert
	Metal n° <u>0376</u>	Oreille / ear <u>06</u>	
	Plastic n° <u>351</u>	Oreille / ear <u>0D</u> color <u>Vert clair</u>	
	Implant yes <input type="checkbox"/> no <input type="checkbox"/>		

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

Echantillons / Samples : nbr + étiquette / label

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

Statut Repro	Male <input checked="" type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input 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: _____ TR.extract: nb: _____ Htot: _____ Hematie: _____

Remarques / remarks

Extraction GB <input type="checkbox"/> <input type="checkbox"/>	Stress <input type="checkbox"/>
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Stress PS1

Injection DM: Heure: _____ PS Heure: _____

Injection ACTH: Heure: _____ PS Heure: _____

Comments:

Surgery

Début: _____ Fin: _____

Injection: _____ H: _____

Injection: _____ H: _____

Anhest. Local (Lurocaine): _____ H: _____

Anti-infl (Metacam): _____ H: _____

Antibio (Baytril): _____ H: _____

Desimplantation

N° implant sous-cut: _____

N° implant Intra-abdo: _____

N° implant Intra-abdo: _____

Autres:

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