

Marmottes Sassièrè/ Marmots Sassièrè

Date: 19/05/2015 Time: 8 h 45 N° fiche/sheet: 75 Opérateur/ Handling: Stagiaire N° individu: 1914 capture id: 9256

| | | |
|--|--|---|
| Territoire: <u>E</u> <small>Territory</small> | 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"/> |
|--|--|---|

Measures

Masse corporelle / Body mass (g) 1775g

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° 956000003010089

Metal n° _____ Oreille / ear 06

Plastic n° _____ Oreille / ear _____ color _____

Implant yes no

Paint orange

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 

Poils / Hair

Biopsy ○

TV / Green tube ○ ○

TR / Red tube ○ ○

Frotti / Blood smear ○

Eurytic

Leucotic

Hématocyte

Jugal ○

Bucal ○

Anal ○

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

Remarques / remarks

Extraction GB ○ Stress

Stress

PS1

Injection DM: Heure: _____

Injection ACTH: Heure: _____

PS Heure: _____

PS Heure: _____

PS Heure: _____

Comments:

Surgery

Début: _____

Fin: _____

Injection: _____ H: _____

Injection: _____ H: _____

Anest. Local (Lurocaine): _____ H: _____

Anti-infl (Metacam): _____ H: _____

Antibio (Baytril): _____ H: _____

Desimpantation

N° implant sous-cut: _____

N° implant Intra-abdo: _____

N° implant Intra-abdo: _____

Autres: _____

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