

# Marmottes Sassièrè/ Marmots Sassièrè

Date: 19/05/2015

Time: 11 h 20

N° fiche/sheet: 78

Opérateur/ Handling: Stapiane

N° individu: 1609

21623

capture id: 9258

Territoire: <u>A</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"/>
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**Measures**

Masse corporelle / Body mass (g) 1400

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) \_\_\_\_\_

<b>Marking</b>	Transpondeur n° <u>956-3041623</u>		Paint <u>avant rouge</u>
	Metal n° <u>4367</u>	Oreille / ear <u>50</u>	
	Plastic n° _____	Oreille / ear _____ color _____	
	Implant yes <input type="checkbox"/>	no <input type="checkbox"/>	

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

<b>Statut Repro</b>	Male <input type="checkbox"/>	Scrotal yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>
	Female <input checked="" 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 + étiquette / label**

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

**Hemato** TV extract: nb: \_\_\_\_\_ TR extract: nb: \_\_\_\_\_ Htot: \_\_\_\_\_ Hematie: \_\_\_\_\_

**Remarques / remarks**

Extraction GB  ○      Stress

**Stress**

PS1  \_\_\_\_\_

Injection DM: Heure: \_\_\_\_\_

Injection ACTH: Heure: \_\_\_\_\_

PS  \_\_\_\_\_

PS  \_\_\_\_\_

Heure: \_\_\_\_\_

Heure: \_\_\_\_\_

Heure: \_\_\_\_\_

**Comments:**

**Surgery**

Début: \_\_\_\_\_

Fin: \_\_\_\_\_

Injection: \_\_\_\_\_

Injection: \_\_\_\_\_

Anest. Local (Lurocaine): \_\_\_\_\_

Anti-inf (Metacam): \_\_\_\_\_

Antibio (Baytril): \_\_\_\_\_

**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"/> déposer	H fin/end: _____ <input type="checkbox"/> intra-abdo <input type="checkbox"/> ss-cut	Abdo <input type="checkbox"/> cou <input type="checkbox"/> n° _____ Implant id: _____	Vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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