

Marmottes Sassièrè/ Marmots Sassièrè


Date: 19/05/2015 Time: 11h30 N° fiche/sheet: 79 Opérateur/ Handling: Stazian N° individu: 1520 capture id: 9259

Territoire: <u>C</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>1825</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>956000003634980</u>		Paint <input checked="" type="checkbox"/> <u>orange</u>
	Metal n° <u>0577</u>	Oreille / ear <u>00</u>	
	Plastic n° _____	Oreille / ear _____ color _____	
	Implant yes <input type="checkbox"/> no <input type="checkbox"/>		

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

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

Statut Repro	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"/>

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

Remarques / remarks

Extraction GB <input type="checkbox"/> ○	Stress <input type="checkbox"/>
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<p>Comments:</p>	<p>Surgery</p> <p>Debut: _____</p> <p>Fin: _____</p> <p>Injection: _____ H: _____</p> <p>Injection: _____ H: _____</p> <p>Anest. Local (Lurocaine): _____ H: _____</p> <p>Anti-infl (Metacam): _____ H: _____</p> <p>Antibio (Baytril): _____ H: _____</p> <p>Desimplantation</p> <p>N° implant sous-cut: _____</p> <p>N° implant Intra-abdo: _____</p> <p>N° implant Intra-abdo: _____</p> <p>Autres: _____</p>			
<p>Stress</p> <p>PS1 <input type="checkbox"/></p> <p>Injection DM: Heure: _____</p> <p>Injection ACTH: Heure: _____</p> <p>PS <input type="checkbox"/> Heure: _____</p> <p>PS <input type="checkbox"/> Heure: _____</p>				
<p>Type implant:</p> <p>venne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/></p>	<p>implant id:</p> <p>n° _____</p>	<p>Position:</p> <p>Abdo <input type="checkbox"/> cou <input type="checkbox"/></p>	<p>Implantation id:</p> <p>intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/></p> <p>H fin/end: _____</p>	<p>Action</p> <p>pose <input type="checkbox"/> déposer <input type="checkbox"/></p> <p>H début/start: _____</p>
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<p>Comments:</p>				