

Marmottes Sassièrè / Marmots Sassièrè

 Date: 15/05/2015

 Time: 11h30

 N° fiche/sheet: 80

 Opérateur/ Handling: Stagiaire

 N° individu: 1567

 capture id: 3260

Territoire: <u>Btal</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)	_____
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>956000003045917</u>	Paint
Metal n° _____	Oreille / ear <u>OG</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 type="checkbox"/> Yearling	≥ 3 ans <input type="checkbox"/> ≥ 3 y

Statut Repro

Male <input 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"/>

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"/>	<input type="radio"/>	Hematocyte <input type="checkbox"/>
TV / Green tube <input type="checkbox"/>	<input type="radio"/>	Jugal <input type="checkbox"/>
TR / Red tube <input type="checkbox"/>	<input type="radio"/>	Bucal <input type="checkbox"/>
Frotti / Blood smear <input type="checkbox"/>	<input type="radio"/>	Anal <input type="checkbox"/>

Hemato

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

Remarques / remarks

Extraction GB <input type="checkbox"/>	<input type="radio"/>	Stress <input type="checkbox"/>
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<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>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>
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<p>Action</p> <p>pose <input type="checkbox"/> déposer <input type="checkbox"/></p> <p>H début/start: _____</p>	<p>Implantation id:</p> <p>intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/></p> <p>H fin/end: _____</p>	<p>Position:</p> <p>Abdo <input type="checkbox"/> cou <input type="checkbox"/></p> <p>n° _____</p>	<p>Implant id:</p> <p>Vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/></p> <p>Type implant:</p>
<p>Action</p> <p>pose <input type="checkbox"/> déposer <input type="checkbox"/></p> <p>H début/start: _____</p>	<p>Implantation id:</p> <p>intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/></p> <p>H fin/end: _____</p>	<p>Position:</p> <p>Abdo <input type="checkbox"/> cou <input type="checkbox"/></p> <p>n° _____</p>	<p>Implant id:</p> <p>Vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/></p> <p>Type implant:</p>
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