

# Marmottes Sassièrè/ Marmots Sassièrè

Date: 19/05/2015 Time: 12 h 25 N° fiche/sheet: 81 Opérateur/ Handling: Stacyane N° individu: 1553 capture id: 9261

Territoire: <u>N</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) 1350

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>55000003009332</u>		Paint <u>R</u>
	Metal n° <u>7063CAC</u>	Oreille / ear <u>OD</u>	
	Plastic n° _____	Oreille / ear _____ color _____	
	Implant yes <input type="checkbox"/> no <input type="checkbox"/>		

<b>Age</b>	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"/>	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"/> ○

<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"/>

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

Remarques / remarks

Extraction GB  ○ Stress

**Stress**

PS1

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

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

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

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

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

**Comments:**

**Surgery**

Début: \_\_\_\_\_

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

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

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

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

Anti-Inf (Metacam): \_\_\_\_\_ H: \_\_\_\_\_

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

**Desimplantation**

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"/> <input type="checkbox"/> cou n° _____ Implant id: _____	Vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L
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