

Marmottes Sassièrè/ Marmots Sassièrè

Date: 19/05/2015 Time: 12 h 40 N° fiche/sheet: 82 Opérateur/ Handling: _____ N° individu: 1509 capture id: 9269

Territoire: <u>N3</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>1350</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>05600003016676</u>	Paint
Metal n° <u>Ø171</u> Oreille / ear <u>06</u>	<u>Black BLS</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"/>		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"/> ○

Statut Repro

Male <input checked="" 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"/>

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

Remarques / remarks

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

Surgery

Début: _____

Fin: _____

Injection: _____ H: _____

Injection: _____ H: _____

Anhest. Local (Lurocaïne): _____

Anti-infl (Metacam): _____ H: _____

Antibio (Baytril): _____ H: _____

Desimplantation

N° implant sous-cut: _____

N° implant Intra-abdo: _____

Implantation

N° implant Intra-abdo: _____

Autres: _____

Stress

PS1

Injection DM: Heure: _____ PS Heure: _____

Injection ACTH: Heure: _____ PS Heure: _____

PS Heure: _____

Comments: