

Marmottes Sassièrè/ Marmots Sassièrè

 Date: 2010512015

 Time: 13 h 00

 N° fiche/sheet: 07

Opérateur/ Handling: _____

 N° individu: 1563

 capture id: 9273

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) <u>1550g</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) _____
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Marking	Transpondeur n° <u>956000003015358</u>	Paint	Oreille / ear <u>OD</u> Metal n° _____ Plastic n° _____ Implant yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
	Oreille / ear _____ color _____	<u>serv</u>	

Age	0 Marmotton <input type="checkbox"/> Pup 1 an <input checked="" type="checkbox"/> Yearling	2 ans <input type="checkbox"/> 2 years old ≥ 3 ans <input type="checkbox"/> ≥ 3 y
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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"/>	<input type="radio"/>
TR / Red tube <input type="checkbox"/>	<input type="radio"/>	Bucal <input type="checkbox"/>	<input type="radio"/>
Frotti / Blood smear <input type="checkbox"/>	<input type="radio"/>	Anal <input type="checkbox"/>	<input type="radio"/>

Statut Repro	Male <input type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input type="checkbox"/> unknown <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"/>	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	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"/>
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H début/start: _____ H fin/end: _____ **Comments:**

Action pose <input type="checkbox"/> dépose <input type="checkbox"/>	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	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"/>
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Action pose <input type="checkbox"/> dépose <input type="checkbox"/>	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	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"/>
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H début/start: _____ H fin/end: _____ **Comments:**

Surgery

Début: _____
 Fin: _____
 Injection: _____ H: _____
 Injection: _____ H: _____
 Anhest. Local (Lurocaïne): _____
 Anti-infl (Metacam): _____ H: _____
 Antibio (Baytril): _____ H: _____

Stress

PS1

Injection DM: Heure: _____ PS Heure: _____
 Injection ACTH: Heure: _____ PS Heure: _____
 PS Heure: _____

Desimplantation
 N° implant sous-cut: _____
 N° implant Intra-abdo: _____

Implantation
 N° implant Intra-abdo: _____

Autres: _____

Comments: