

# Marmottes Sassièrè / Marmots Sassièrè

1526

Date: 20/05/2015 Time: 14 h 00 N° fiche/sheet: 96 Opérateur/ Handling: \_\_\_\_\_ N° individu: 1526 capture id: 9277


Territoire: <u>G</u> <small>Territory</small>	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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<b>Measures</b> Masse corporelle / Body mass (g) <span style="float: right;"><u>1650g</u></span> 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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<b>Marking</b>	Transpondeur n° <u>956-3015719</u> Metal n° <u>016206</u> Oreille / ear _____ Plastic n° _____ Oreille / ear _____ color _____ Implant yes <input type="checkbox"/> no <input type="checkbox"/>	Paint
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<b>Age</b>	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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<b>Statut Repro</b>	Male <input checked="" type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input checked="" 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"/>

<b>Echantillons / Samples : nbr + étiquette / label</b>	
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"/> ○

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

Remarques / remarks

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

**Surgery**

Début: \_\_\_\_\_  
Fin: \_\_\_\_\_  
Injection: \_\_\_\_\_ H: \_\_\_\_\_  
Injection: \_\_\_\_\_ H: \_\_\_\_\_  
Anest. 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:**