

Marmottes Sassièrè/ Marmots Sassièrè

 Date: 21/05/2015

 Time: 13 h 10

 N° fiche/sheet: 109

 Opérateur/ Handling: Aurèle

 N° individu: 1539

 capture id: 9170

Territoire: <u>Imitieu</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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Measures

Masse corporelle / Body mass (g)	<u>2025</u>
L. mandibule / Jaw (mm)	<u>57,99</u>
L. Patte ant. / Forefoot (mm)	<u>54,45</u>
L. Cubitus / Ulna (mm)	<u>68,43</u>
L. Patte post. / Hindfoot (mm)	<u>80,57</u>
L. Tibia (mm)	<u>89,07</u>
L. TC / Body length (cm)	<u>41,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>55,32</u>
Larg. Bassin / Basin width (mm)	<u>48,96</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	

Marking	Transpondeur n° <u>706BEFS</u>	Paint <u>bleu</u>
	Metal n° <u>0927</u>	Oreille / ear <u>OG</u>
	Plastic n° <u>/</u>	Oreille / ear <u>/</u> color <u>/</u>
	Implant yes <input type="checkbox"/> no <input checked="" 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 checked="" type="checkbox"/>
Poils / Hair <input checked="" type="checkbox"/>	Leucotic <input checked="" type="checkbox"/>
Biopsy <input checked="" type="checkbox"/>	Hematocyte <input checked="" type="checkbox"/>
TV / Green tube <input checked="" type="checkbox"/>	Jugal <input type="checkbox"/>
TR / Red tube <input checked="" type="checkbox"/>	Bucal <u>0,9</u>
Frotti / Blood smear <input checked="" type="checkbox"/>	Anal <input checked="" type="checkbox"/>

Statut Repro	Male <input checked="" type="checkbox"/>	Scrotal yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
	Female <input checked="" type="checkbox"/>	Allaitante yes <input checked="" type="checkbox"/> Lactating no <input checked="" type="checkbox"/> unknown <input checked="" type="checkbox"/>
		Gestante yes <input checked="" type="checkbox"/> Pregnant no <input checked="" type="checkbox"/> unknown <input checked="" type="checkbox"/>

Hemato TV extract: nb: 1 TR extract: nb: 1 Htot: 42% Hematie:

Remarques / remarks

Extraction GB Stress

Non congelé plusieurs jours.

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:				
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: