

Marmottes Sassièrè/ Marmots Sassièrè

 Date: 21/05/2015

 Time: 17h15

 N° fiche/sheet: 111

Opérateur/ Handling: _____

 N° individu: 1577

 capture id: 9283

 Territoire: Fac
 Territory: Tson.

 Recapture yes
 no

 Statut social
 Dominant
 Sub
 unknown
Measures

Masse corporelle / Body mass (g)	<u>1625.</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° 9560000304585

Paint

Vert

 Metal n° 879 Oeille / ear OD

 Plastic n° / Oeille / ear / color /

 Implant yes no
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"/>	<input type="checkbox"/>	Eurytic <input type="checkbox"/>
Poils / Hair <input type="checkbox"/>	<input type="checkbox"/>	Leucotic <input type="checkbox"/>
Biopsy <input type="checkbox"/>	<input type="checkbox"/>	Hematocryte <input type="checkbox"/>
TV / Green tube <input type="checkbox"/>	<input type="checkbox"/>	Jugal <input type="checkbox"/>
TR / Red tube <input type="checkbox"/>	<input type="checkbox"/>	Bucal <input type="checkbox"/>
Frotti / Blood smear <input type="checkbox"/>	<input type="checkbox"/>	Anal <input type="checkbox"/>

Statut Repro

 Male Scrotal yes
 no
 unknown

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

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

Remarques / remarks

 Extraction GB Stress

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: