

Marmottes Sassièrè/ Marmots Sassièrè

 Date: 22/07/2015

 Time: 11 h 10

 N° fiche/sheet: 118

Opérateur/ Handling: _____

 N° individu: 1598

 capture id: 9288

Territoire: <u>CE</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>2000</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>956-3012749</u>		Paint
	Metal n° _____	Oreille / ear <u>06</u>	
	Plastic n° _____	Oreille / ear _____ color _____	
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"/> <input type="checkbox"/>	Eurytic <input type="checkbox"/>
Poils / Hair <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"/> <input type="checkbox"/>
TR / Red tube <input checked="" type="checkbox"/> <input type="checkbox"/>	Bucal <input type="checkbox"/> <input type="checkbox"/>
Frotti / Blood smear <input type="checkbox"/> <input type="checkbox"/>	Anal <input type="checkbox"/> <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 checked="" type="checkbox"/> Allaitante yes <input checked="" type="checkbox"/> Lactating no <input type="checkbox"/> unknown <input type="checkbox"/> Gestante yes <input checked="" type="checkbox"/> Pregnant no <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:				
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"/>
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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:				

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: