

# Marmottes Sassièrè/ Marmots Sassièrè

Date: 22/05/2015

Time: 11 h 40

N° fiche/sheet: 119

Opérateur/ Handling: \_\_\_\_\_

N° individu: 1546

capture id: 9289

Territoire: <u>Ender</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"/>
---------------------------------------	--	---

**Measures**

Masse corporelle / Body mass (g) 1750g

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° 956-3023384 Paint \_\_\_\_\_

Metal n° \_\_\_\_\_ Oreille / ear OG

Plastic n° \_\_\_\_\_ Oreille / ear \_\_\_\_\_ color \_\_\_\_\_

Implant yes  no

**Age**

0 Marmotton  Pup  
 1 an  Yearling

2 ans  2 years old  
 ≥ 3 ans  ≥ 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"/>	Hemateocyte <input type="checkbox"/>
TV / Green tube <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Jugal <input type="checkbox"/> <input type="checkbox"/>
TR / Red tube <input type="checkbox"/> <input 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  Scrotal yes   
 no   
 unknown

Female  Allaitante yes   
 Lactating no   
 unknown

Gestante yes   
 Pregnant no   
 unknown

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

**Remarques / remarks**

Extraction GB   Stress

<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: \_\_\_\_\_

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:**