

Marmottes Sassièrè / Marmots Sassièrè

Date: 21/05/2015

Time: 15 h 00

N° fiche/sheet: 1216

Opérateur/ Handling: ~~1216~~

N° individu: 1608

1622

capture id: 9294

Territoire: <u>A</u> <small>Territory</small>	Recapture yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Statut social	Dominant <input type="checkbox"/> Sub <input type="checkbox"/> unknown <input type="checkbox"/>
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Measures

Masse corporelle / Body mass (g)

3140 - 1625 = 1515

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>05600000</u> <u>3043006</u>	Oreille / ear	<u>007</u>	Paint
	Metal n°		Oreille / ear	color	
	Plastic n°		Oreille / ear	color	
	Implant	yes <input type="checkbox"/>	no <input type="checkbox"/>		

Age	0 Marmotton	<input type="checkbox"/>	<i>Pup</i>	2 ans	<input type="checkbox"/>	<i>2 years old</i>
	1 an	<input checked="" type="checkbox"/>	<i>Yearling</i>	≥ 3 ans	<input type="checkbox"/>	≥ 3 y

Echantillons / Samples : nbr + étiquette / label

Feces

Eurytic

Poils / Hair

Leucotic

Biopsy

Hematocyte

TV / Green tube

Jugal

TR / Red tube

Bucal

Frotti / Blood smear

Anal

Statut Repro	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"/>

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: