

Marmottes Sassièrè/ Marmots Sassièrè

Date: 22/05/2015

Time: 11 h 50

N° fiche/sheet: 128

Opérateur/ Handling: _____

N° individu: 1525

capture id: 9295

Territoire: <u>G</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"/>
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Measures

Masse corporelle / Body mass (g) 1500g

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. Anó-Génitale (cm) (marmotton/pup only) _____

Marking	Transpondeur n° <u>956-3012678</u>		Paint
	Metal n° _____	Oreille / ear <u>06</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 Pup
 1 an Yearling

2 ans 2 years old
 ≥ 3 ans ≥ 3 y

Statut Repro

Male Scrotal yes
 no
 unknown

Female Allaitante yes
 Lactating no
 unknown

Gestante yes
 Pregnant no
 unknown

Echantillons / Samples : nbr + étiquette / label

Feces <input checked="" type="checkbox"/> <u>1</u> ○	Eurytic <input type="checkbox"/>
Poils / Hair <input type="checkbox"/>	Leucotic <input type="checkbox"/>
Biopsy <input type="checkbox"/> ○	Hematocyte <input checked="" type="checkbox"/>
TV / Green tube <input type="checkbox"/> ○ ○	Jugal <input type="checkbox"/> ○
TR / Red tube <input type="checkbox"/> ○ ○	Bucal <input type="checkbox"/> ○
Frotti / Blood smear <input type="checkbox"/> ○	Anal <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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Comments:				

Surgery Début: _____ Fin: _____ Injection: _____ H: _____ Injection: _____ H: _____ Anhest. Local (Lurocaïne): _____ Anti-infl (Metacam): _____ H: _____ Antibio (Baytril): _____ H: _____	Stress PS1 <input type="checkbox"/> Injection DM: Heure: _____ PS <input type="checkbox"/> Heure: _____ Injection ACTH: Heure: _____ PS <input type="checkbox"/> Heure: _____ PS <input type="checkbox"/> Heure: _____
Desimplantation N° implant sous-cut: _____ N° implant Intra-abdo: _____ Implantation N° implant Intra-abdo: _____ Autres: _____	Comments: