

# Marmottes Sassièrè / Marmots Sassièrè

Date: 23/05/2015

Time: 10 h45

N° fiche/sheet: 135

Opérateur/ Handling: \_\_\_\_\_

N° individu: 1604

1618

capture id: 9298

Territoire: <u>A</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)	<u>1650g</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)	_____

<b>Marking</b>	Transpondeur n° <u>956-3010978</u>		Paint
	Metal n° _____	Oreille / ear <u>06</u>	
	Plastic n° _____	Oreille / ear _____ color _____	
	Implant yes <input type="checkbox"/> no <input type="checkbox"/>		

<b>Age</b>	0 Marmotton <input type="checkbox"/> Pup 1 an <input checked="" type="checkbox"/> Yearling	2 ans <input type="checkbox"/> 2 years old ≥ 3 ans <input type="checkbox"/> ≥ 3 y
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<b>Statut Repro</b>	Male <input checked="" type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input 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"/>

### Echantillons / Samples : nbr + étiquette / label

Feces <input checked="" type="checkbox"/> 1	<input type="checkbox"/>	Eurytic <input type="checkbox"/>
Poils / Hair <input type="checkbox"/>		Leucotic <input type="checkbox"/>
Biopsy <input type="checkbox"/>	<input type="checkbox"/>	Hematocyte <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"/>

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: _____ H fin/end: _____	<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: _____ H fin/end: _____	<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: _____ H fin/end: _____	<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:**