

# Marmottes Sassièrè/ Marmots Sassièrè

 Date: 24/05/2015

 Time: 17h30

 N° fiche/sheet: 153

Opérateur/ Handling: \_\_\_\_\_

 N° individu: 1553

 capture id: 9308

Territoire: <u>N</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)

1750

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>956-3009338</u>		Paint
	Metal n° _____	Oreille / ear <u>OD</u>	
	Plastic n° _____	Oreille / ear _____ color _____	
	Implant yes <input type="checkbox"/> no <input checked="" type="checkbox"/>		

<b>Age</b>	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  

 Eurytic 

 Poils / Hair 

 Leucotic 

 Biopsy  

 Hematocyte 

 TV / Green tube   

 Jugal  

 TR / Red tube   

 Bucal  

 Frotti / Blood smear  

 Anal  

<b>Statut Repro</b>	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 type="checkbox"/> Lactating no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
		Gestante yes <input type="checkbox"/> Pregnant no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>

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

Remarques / remarks

Extraction GB <input type="checkbox"/> <input type="checkbox"/>	Stress <input checked="" type="checkbox"/>
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<b>Action</b> pose <input type="checkbox"/> dépose <input type="checkbox"/>	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	<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"/>
H début/start: _____	H fin/end: _____	<b>Comments:</b>		

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