

# Marmottes Sassièrè/ Marmots Sassièrè

 Date: 28/05/2015

 Time: 14 h 15

 N° fiche/sheet: 198

Opérateur/ Handling: \_\_\_\_\_

 N° individu: 1619

 capture id: 9333

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 checked="" type="checkbox"/> unknown <input type="checkbox"/>
--	---	---

**Measures**

Masse corporelle / Body mass (g)	<u>1450</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 00 000</u> <u>3042937</u>	Oreille / ear <u>OD</u>	Paint <u>Rouge</u>
	Metal n° _____	Oreille / ear _____	color _____
	Plastic n° _____	Oreille / ear _____	color _____
	Implant yes <input type="checkbox"/> no <input 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 <input checked="" type="checkbox"/>	Eurytic <input type="checkbox"/>
Poils / Hair <input type="checkbox"/>	Leucotic <input checked="" type="checkbox"/>
Biopsy <input type="checkbox"/>	Hematocyte <input 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"/>

<b>Statut Repro</b>	Male <input 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 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: \_\_\_\_\_ Hfot: \_\_\_\_\_ 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:**