

Marmottes Sassièrè/ Marmots Sassièrè

Date: 30/05/2015 Time: 14 h 00 N° fiche/sheet: 216 Opérateur/ Handling: N° individu: 1571 capture id: 9381

Territoire: <u>7</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)
- 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)

1300g

Marking	Transpondeur n° <u>956-3045498</u>		Paint
	Metal n° _____	Oreille / ear _____	
	Plastic n° _____	Oreille / ear _____ color _____	
	Implant yes <input type="checkbox"/> no <input type="checkbox"/>		

Age	0 Marmotton <input type="checkbox"/> Pyp	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"/> <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"/> <input type="checkbox"/> | Jugal <input type="checkbox"/> <input type="checkbox"/> |
| TR / Red tube <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Bucal <input type="checkbox"/> <input type="checkbox"/> |
| Frotti / Blood smear <input type="checkbox"/> <input type="checkbox"/> | Anal <input type="checkbox"/> <input type="checkbox"/> |

Statut Repro	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: _____ Htot: _____ Hematie: _____

Remarques / remarks

- Extraction GB Stress

Action pose <input type="checkbox"/> dépose <input type="checkbox"/>	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° _____	Type implant: viene <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: _____

Comments:

Action pose <input type="checkbox"/> dépose <input type="checkbox"/>	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° _____	Type implant: viene <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: _____

Comments:

Action pose <input type="checkbox"/> dépose <input type="checkbox"/>	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° _____	Type implant: viene <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: _____

Comments:

Surgery

Début: _____

Fin: _____

Injection: _____ H: _____

Injection: _____ H: _____

Anhest. Local (Lurocaïne): _____

Anti-infl (Metacam): _____ H: _____

Antibio (Baytril): _____ H: _____

Stress

PS1

Injection DM: Heure: _____ PS Heure: _____

Injection ACTH: Heure: _____ PS Heure: _____

PS Heure: _____

Desimplantation

N° implant sous-cut: _____

N° implant Intra-abdo: _____

Implantation

N° implant Intra-abdo: _____

Autres: _____

Comments: