

Marmottes Sassièrè/ Marmots Sassièrè

Date: 02/06/2015 Time: 9h10 N° fiche/sheet: 237 Opérateur/ Handling: Antho N° individu: 1546 capture id: 9394

Territoire: <u>Eadet</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>1975</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)	_____

Marking	Transpondeur n° <u>956-3023384</u>	Paint
	Metal n° _____ Oreille / ear <u>06</u>	
	Plastic n° _____ Oreille / ear _____ color _____	
	Implant yes <input type="checkbox"/> no <input type="checkbox"/>	

Age	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"/>	<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"/>	<input type="checkbox"/>
TR / Red tube <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 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"/>

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/ <i>start</i> : _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/ <i>end</i> : _____	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/ <i>start</i> : _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/ <i>end</i> : _____	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: _____

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: