

Marmottes Sassièrè/ Marmots Sassièrè

Date: 10/06/2015

Time: 8 h 30

N° fiche/sheet: 275

Opérateur/ Handling: _____

N° individu: 1626

capture id: 3488

Territoire: <u>J</u> Territory	Recapture yes <input type="checkbox"/> no <input checked="" 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) 1800

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>956000003016158</u>	Paint _____
	Metal n° _____	Oreille / ear <input checked="" type="checkbox"/>
	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

Eurytic

Poils / Hair

Leucotic

Biopsy

Hematocyte

TV / Green tube

Jugal

TR / Red tube

Bucal

Frotti / Blood smear

Anal

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"/> H début/start: _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° _____	Type implant: vienné <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/start: _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° _____	Type implant: vienné <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 3 ~~62,66;~~ 62;66;67

Injection DM: Heure: 9h14

Injection ACTH: Heure: 10h35

23,9 / 61,60;

PS 2 Heure: 10h14 ~~4 cap~~ 4 cap

PS 3 Heure: ~~10h30~~ 11h10 ~~4 cap~~ 4 cap
64;62;60;64

PS 4 Heure: 11h42 3 cap
62;65;64;

PS 5 Heure: 12h36 5 cap
63;65;64;5/42;22;63;21/37;70

PS 6 Heure: 13h32 6 cap
70;60;63;62;

PS Heure: _____

PS Heure: _____