

# Marmottes Sassi re/ Marmots Sassi re

Date: 15/06/2015 Time: 14h44 N  fiche/sheet: 27 7 Op rateur/ Handling: Sylvia N  individu: 1625 capture id: 9504

Territoire: <u>FacT Dam</u> <small>Territory</small>	Recapture yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Statut social Dominant <input checked="" type="checkbox"/> Sub <input type="checkbox"/> unknown <input type="checkbox"/>
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### Measures

Masse corporelle / Body mass (g) 5250 - 1625 = 3625

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. T te zygomatique/ Zygomatic width (mm) \_\_\_\_\_

Larg. Bassin / Basin width (mm) \_\_\_\_\_

Dist. Ano-G nitale (cm) (marmotton/pup only) \_\_\_\_\_

<b>Marking</b>	Transpondeur n� <u>956-3013815</u>		Paint
	Metal n� <u>0830</u>	Oreille / ear <u>OG</u>	
	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 type="checkbox"/> Yearling	≥ 3 ans <input checked="" type="checkbox"/> ≥ 3 y <u>ad</u>

### Echantillons / Samples : nbr +  tiquette / 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"/>

<b>Statut Repro</b>	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**  
Recapture donc snait plut t 02bn   la place de 1624.

Extraction GB   Stress

<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> vienn <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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H début/start: \_\_\_\_\_ H fin/end: \_\_\_\_\_

**Comments:**

<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> vienn <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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H début/start: \_\_\_\_\_ H fin/end: \_\_\_\_\_

**Comments:**

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H début/start: \_\_\_\_\_ H fin/end: \_\_\_\_\_

**Comments:**

**Surgery**

Début: \_\_\_\_\_  
Fin: \_\_\_\_\_

Injection: \_\_\_\_\_ H: \_\_\_\_\_  
Injection: \_\_\_\_\_ H: \_\_\_\_\_

Anest. 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:**