

# Marmottes Sassi re/ Marmots Sassi re

Date: 20/06/2015

Time: 17h20

N  fiche/sheet: 287

Op rateur/ Handling: Sylvia

N  individu: 1319

capture id: 9512

**Territoire:** L  
Territory

**Recapture** yes  no

**Statut social** Dominant  Sub  unknown

## Measures

Masse corporelle / Body mass (g) 4775

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) \_\_\_\_\_

**Marking**

Transpondeur n  956 - 3036522

Metal n  0827 Oreille / ear OG

Plastic n  358 Oreille / ear OD color vert clair

Implant yes  no

Paint \_\_\_\_\_

**Age**

0 Marmotton  Pup  
1 an  Yearling

2 ans  2 years old  
≥ 3 ans  ≥ 3 y

## Echantillons / Samples : nbr +  tiquette / label

Feces

Eurytic

Poils / Hair

Leucotic

Biopsy

Hematocyte

TV / Green tube

Jugal

TR / Red tube

Bucal

Frotti / Blood smear

Anal

**Statut Repro**

Male  Scrotal yes  no  unknown

Female  Allaitante yes  Lactating no  unknown

Gestante yes  Pregnant no  unknown

**Hemato** TV extract: nb: \_\_\_\_\_ TR extract: nb: \_\_\_\_\_ Htot: \_\_\_\_\_ 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> viene <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> viene <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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<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:**