

# Marmottes Sassièrè/ Marmots Sassièrè

 Date: 22/06/2015

 Time: 19 h 30

 N° fiche/sheet: 995

 Opérateur/ Handling: Cohen


 N° individu: 1635

 capture id: 9520

Territoire: <u>N2</u> <small>Territory</small>	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)	<u>425g</u>
L. mandibule / Jaw (mm)	<u>42,98</u>
L. Patte ant. / Forefoot (mm)	<u>37,89</u>
L. Cubitus / Ulna (mm)	<u>42,92</u>
L. Patte post. / Hindfoot (mm)	<u>57,78</u>
L. Tibia (mm)	<u>53,23</u>
L. TC / Body length (cm)	<del>22,5</del> <u>22,5</u>
Larg. Tête zygomatique/ Zygomatic width (mm)	<u>41,10</u>
Larg. Bassin / Basin width (mm)	<u>28,05</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>8,90</u>

<b>Marking</b>	Transpondeur n°  <u>956000003035032</u>	Paint
	Metal n° <u>0538</u> Oreille / ear <u>OD</u>	
	Plastic n° <u>/</u> Oreille / ear <u>/</u> color <u>/</u>	
	Implant yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	

<b>Age</b>	0 Marmotton <input checked="" type="checkbox"/> Pup	2 ans <input type="checkbox"/> 2 years old
	1 an <input 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"/> <u>1</u> $1,24 \times 10^6$
Poils / Hair <input type="checkbox"/> <input checked="" type="checkbox"/>	Leucotic <input type="checkbox"/> <u>1</u> $5,25 \times 10^5$
Biopsy <input type="checkbox"/> <input checked="" type="checkbox"/> 	Hematocyte <input type="checkbox"/> <input checked="" type="checkbox"/>
TV / Green tube <input type="checkbox"/> <input checked="" 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"/> <u>17</u> 
Frotti / Blood smear <input type="checkbox"/> <input checked="" type="checkbox"/> 	Anal <input type="checkbox"/> <u>1</u> 

<b>Statut Repro</b>	Male <input type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	<hr style="border: 1px solid black;"/>
	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

<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> vienné <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> vienné <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> vienné <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
<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**

zol 0,1 à 19h45

PS1  19h57 TV + 4 cap. 58%

Injection DM: Heure: 20h00 0,425 PS  21h58 5 cap. 57%

Injection ACTH: Heure: 22h01 0,13  PS  23h03 3 cap. HT=36,08  
HIR=18,84

PS  00h01 4 cap 56%

**Comments:**