

Marmottes Sassièrè/ Marmots Sassièrè

 Date: 26/06/2015

 Time: 09h20

 N° fiche/sheet: 305

 Opérateur/ Handling: Conas

 N° individu: 1646

 capture id: 9531

Territoire: <u>Z</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>400g</u>
L. mandibule / Jaw (mm)	<u>42,98</u>
L. Patte ant. / Forefoot (mm)	<u>39,88</u>
L. Cubitus / Ulna (mm)	<u>44,83</u>
L. Patte post. / Hindfoot (mm)	<u>59,39</u>
L. Tibia (mm)	<u>55,32</u>
L. TC / Body length (cm)	<u>24,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>41,04</u>
Larg. Bassin / Basin width (mm)	<u>26,75</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>14,83</u>

Marking	Transpondeur n° 956000003009433	Paint
	Metal n° <u>0884</u> Orelle / ear <u>06</u>	
	Plastic n° _____ Orelle / ear _____ color _____	
	Implant yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	

Age	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 type="checkbox"/>	Eurytic <input type="checkbox"/>
Poils / Hair <input type="checkbox"/>	Leucotic <input type="checkbox"/>
Biopsy <input type="checkbox"/>	Hematocyte <input type="checkbox"/>
TV / Green tube <input type="checkbox"/>	Jugal <input type="checkbox"/>
TR / Red tube <input type="checkbox"/>	Bucal <input type="checkbox"/>
Frotti / Blood smear <input type="checkbox"/>	Anal <input type="checkbox"/>

Statut Repro	Male <input checked="" type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input checked="" 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 <input type="checkbox"/>	Stress <input type="checkbox"/>
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Action pose <input checked="" 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 checked="" type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° <u>149</u>	Type implant: vienne <input type="checkbox"/> ibutton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/> Comments: <u>2 pt X, sujet, 4 pt de plus -</u> <u>RAS</u>
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: 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/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: vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/> Comments:

Surgery

Début: 9h40
Fin: _____
Injection: 0.1ml H: 9:42
Injection: _____ H: _____
Anhest. Local (Lurocaïne): 0,2
Anti-infl (Metacam): 0.02 ml H: 10:22
Antibio (Baytril): 0.04 ml H: 10:22

Desimplantation
N° implant sous-cut: /
N° implant Intra-abdo: /

Implantation
N° implant Intra-abdo: 149

Autres: _____

Stress

PS1
Injection DM: Heure: _____ PS Heure: _____
Injection ACTH: Heure: _____ PS Heure: _____
PS Heure: _____

Comments: