

# Marmottes Sassi re/ Marmots Sassi re

 Date: 26/06/2015

 Time: 10 h 30

 N  fiche/sheet: 307

 Op rateur/ Handling: Cohas


 N  individu: 1648

 capture id: 9533

Territoire: <u>2</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)	<u>335g</u>
L. mandibule / Jaw (mm)	<u>43,64</u>
L. Patte ant. / Forefoot (mm)	<u>37,98</u>
L. Cubitus / Ulna (mm)	<u>41,01</u>
L. Patte post. / Hindfoot (mm)	<u>56,89</u>
L. Tibia (mm)	<u>53,73</u>
L. TC / Body length (cm)	<u>20,5</u>
Larg. T�te zygomatique/ Zygomatic width (mm)	<u>39,45</u>
Larg. Bassin / Basin width (mm)	<u>37,48</u>
Dist. Ano-G�nitale (cm) (marmotton/pup only)	<u>8,78</u>

<b>Marking</b>	Transpondeur n�	 <u>9560000003046591</u>	Paint
	Metal n�	<u>0892</u>	Oreille / ear <u>00</u>
	Plastic n�	_____	Oreille / ear _____ color _____
	Implant	yes <input checked="" type="checkbox"/> no <input 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 +  tiquette / label

Feces <input type="checkbox"/> 0	Eurytic <input type="checkbox"/> 0
Poils / Hair <input type="checkbox"/> 1	Leucotic <input type="checkbox"/> 0
Biopsy <input type="checkbox"/> 1 	Hematocyte <input type="checkbox"/> 0
TV / Green tube <input type="checkbox"/> 0	Jugal <input type="checkbox"/> 0
TR / Red tube <input type="checkbox"/> 0	Bucal <input type="checkbox"/> 0,3 
Frotti / Blood smear <input type="checkbox"/> 0	Anal <input type="checkbox"/> 1 

<b>Statut Repro</b>	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 <input type="checkbox"/>	Stress <input type="checkbox"/>
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<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° <u>151</u>	<b>Type implant:</b> viene <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
H début/start: _____	H fin/end: _____	<b>Comments:</b>		
<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> viene <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
H début/start: _____	H fin/end: _____	<b>Comments:</b>		
<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> viene <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
H début/start: _____	H fin/end: _____	<b>Comments:</b>		

**Surgery**

Début: 12h06  
Fin: 12h20  
Injection: 0,1 H: 11h30  
Injection: \_\_\_\_\_ H: \_\_\_\_\_  
Anhest. Local (Lurocaïne): 11h56 ; 0,2  
Anti-infl (Metacam): 0,02 H: 12h20  
Antibio (Baytril): 0,04 H: 12h20

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

**Implantation**  
N° implant Intra-abdo: 151

Autres: 2 points X + 1 point simple, 1/6, 5 pts simple

**Stress**

PS1

Injection DM: Heure: \_\_\_\_\_ PS  Heure: \_\_\_\_\_  
Injection ACTH: Heure: \_\_\_\_\_ PS  Heure: \_\_\_\_\_  
PS  Heure: \_\_\_\_\_

**Comments:**