

Marmottes Sassièrè/ Marmots Sassièrè

 Date: 26/06/2015

 Time: 12 h 00

 N° fiche/sheet: 310

 Opérateur/ Handling: Chas

 N° individu: 1651


 capture id: 9536

 Territoire:
 Territory

 Recapture yes no

 Statut social Dominant Sub unknown
Measures

Masse corporelle / Body mass (g)	<u>385g</u>
L. mandibule / Jaw (mm)	<u>43,68</u>
L. Patte ant. / Forefoot (mm)	<u>40</u>
L. Cubitus / Ulna (mm)	<u>45,35</u>
L. Patte post. / Hindfoot (mm)	<u>57,52</u>
L. Tibia (mm)	<u>55,35</u>
L. TC / Body length (cm)	<u>29</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>39,78</u>
Larg. Bassin / Basin width (mm)	<u>88,31</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>15,89</u>

Marking	Transpondeur n°  956000003011011	Paint
	Metal n° <u>0892</u> Oreille / ear <u>06</u>	
	Plastic n° <u>/</u> Oreille / ear <u>/</u> color <u>/</u>	
	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

Statut Repro	Male <input checked="" type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
	Female <input checked="" type="checkbox"/> Allaitante yes <input type="checkbox"/> Lactating no <input checked="" type="checkbox"/> unknown <input type="checkbox"/> Gestante yes <input type="checkbox"/> Pregnant no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>

Echantillons / Samples : nbr + étiquette / label

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

Hemato TV extract: nb: _____ TR extract: nb: _____ Htot: _____ Hematie: _____

Remarques / remarks

 Extraction GB Stress

Action pose <input checked="" type="checkbox"/> dépose <input type="checkbox"/>	Implantation id: intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/>	Position: Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° 147	Type implant: vienné <input type="checkbox"/> ibutton <input checked="" 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:**

Action pose <input type="checkbox"/> dépose <input type="checkbox"/>	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° _____	Type implant: vienné <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:**

Surgery

Début: 13h42
 Fin: 14h
 Injection: 0,1 H: 13h20
 Injection: _____ H: _____
 Anhest. Local (Lurocaïne): 0,2 13h31
 Anti-infl (Metacam): 0,02 H: 14h
 Antibio (Baytril): 0,04 H: 14h

Desimplantation

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

Implantation

N° implant Intra-abdo: 147

Autres: 2 pts X, 1 EG; 4 pts simple

Stress

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

Comments: