


# Marmottes Sassi re/ Marmots Sassi re





Date: 27/06/2015 Time: 14 h 50 N  fiche/sheet: 319 Op rateur/ Handling: AC N  individu: 1660 capture id: 9541

Territoire: <u>Btalu</u> Territory	Recapture yes <input type="checkbox"/> no <input type="checkbox"/>	Statut social Dominant <input type="checkbox"/> Sub <input type="checkbox"/> unknown <input type="checkbox"/>
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<b>Measures</b>	
Masse corporelle / Body mass (g)	<u>445</u>
L. mandibule / Jaw (mm)	<u>44,56</u>
L. Patte ant. / Forefoot (mm)	<u>41,09</u>
L. Cubitus / Ulna (mm)	<u>43,17</u>
L. Patte post. / Hindfoot (mm)	<u>58,34</u>
L. Tibia (mm)	<u>56,87</u>
L. TC / Body length (cm)	<u>84</u>
Larg. T�te zygomatique/ Zygomatic width (mm)	<u>41,93</u>
Larg. Bassin / Basin width (mm)	<u>31,41</u>
Dist. Ano-G�nitale (cm) (marmotton/pup only)	<u>19,61</u>

<b>Marking</b>	Transpondeur n�  956000003045085	Paint
	Metal n� <u>0814</u> Oreille / ear <u>06</u>	
	Plastic n� _____ Oreille / ear _____ color _____	
	Implant yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	

<b>Age</b>	0 Marmotton <input checked="" type="checkbox"/> Pup 1 an <input type="checkbox"/> Yearling	2 ans <input type="checkbox"/> 2 years old ≥ 3 ans <input type="checkbox"/> ≥ 3 y
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<b>Echantillons / Samples : nbr + �tiquette / label</b>	
Feces <input type="checkbox"/> <input type="checkbox"/>	Eurytic <input checked="" type="checkbox"/> 1,09 x 10 <sup>6</sup>
Poils / Hair <input checked="" type="checkbox"/>	Leucotic <input checked="" type="checkbox"/> 4,47 x 10 <sup>5</sup>
Biopsy <input checked="" type="checkbox"/> 	Hematocyte <input checked="" type="checkbox"/>
TV / Green tube <input type="checkbox"/> <input type="checkbox"/>	Jugal <input type="checkbox"/> <input type="checkbox"/>
<u>tube orange</u>	Bucal <input checked="" type="checkbox"/> 
TR / Red tube <input type="checkbox"/> <input type="checkbox"/>	Anal <input checked="" type="checkbox"/> 
Frotti / Blood smear <input checked="" type="checkbox"/> 	

<b>Statut Repro</b>	Male <input checked="" type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input 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: 46,45 Hematie: 25,74

**Remarques / remarks**

Extraction GB <input checked="" type="checkbox"/> 	Stress <input checked="" 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° _____	<b>Type implant:</b> viennne <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:**

<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> viennne <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:**

<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> viennne <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: \_\_\_\_\_

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  à la manip 13h22

Injection DM: Heure: 13h28  
0,45

Injection ACTH: Heure: 0,13  
21h30

PS  2 Heure: 21h28

PS  3 Heure: 22h30

PS  4 Heure: 23h30

**Comments:**