

# Marmottes Sassi re/ Marmots Sassi re

 Date: 20/06/2015

 Time: 21 h 25

 N  fiche/sheet: 342

 Op rateur/ Handling: Cheol


 N  individu: 1683

 capture id: 9568

Territoire: <u>W</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>355</u>
L. mandibule / Jaw (mm)	<del>42,30</del> <u>49,30</u>
L. Patte ant. / Forefoot (mm)	<del>41,87</del> <u>41,42</u>
L. Cubitus / Ulna (mm)	<del>42,87</del> <u>42,87</u>
L. Patte post. / Hindfoot (mm)	<u>53,99</u>
L. Tibia (mm)	<u>53,70</u>
L. TC / Body length (cm)	<u>21,00</u>
Larg. T�te zygomatique/ Zygomatic width (mm)	<u>40,55</u>
Larg. Bassin / Basin width (mm)	<u>25,71</u>
Dist. Ano-G�nitale (cm) (marmotton/pup only)	<u>8,11</u>

<b>Marking</b>	Transpondeur n�	 956000003043049	Paint
	Metal n�	<u>0955</u>	Oreille / ear <u>00</u>
	Plastic n�	<u>/</u>	Oreille / ear <u>/</u> color <u>/</u>
	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"/> <input checked="" type="checkbox"/>	Eurytic <input type="checkbox"/>
Poils / Hair <input type="checkbox"/> <input checked="" type="checkbox"/>	Leucotic <input type="checkbox"/>
Biopsy <input type="checkbox"/> <input checked="" type="checkbox"/> 	Hematocryte <input type="checkbox"/>
TV / Green tube <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Jugal <input type="checkbox"/> <input checked="" type="checkbox"/>
TR / Red tube <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Bucal <input type="checkbox"/> <input checked="" type="checkbox"/> 
Frotti / Blood smear <input type="checkbox"/> <input checked="" type="checkbox"/>	Anal <input type="checkbox"/> <input checked="" type="checkbox"/> 

<b>Statut Repro</b>	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 / Lactating	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	unknown <input type="checkbox"/>
		Gestante / Pregnant	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	unknown <input type="checkbox"/>

**Hemato** TV extract: nb: \_\_\_\_\_ TR extract: nb: \_\_\_\_\_ Htcf: \_\_\_\_\_ 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> vienne <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> vienne <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> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
<b>Comments:</b>				

**Surgery**

Début: 21h39  
Fin: 21h54  
Injection: 0,1 H: 21h25  
Injection: \_\_\_\_\_ H: \_\_\_\_\_  
Anhest. Local (Lurocaïne): \_\_\_\_\_  
Anti-infl (Metacam): 0,02 H: 21h55  
Antibio (Baytril): 0,04 H: 21h55

**Desimplantation**  
N° implant sous-cut: \_\_\_\_\_  
N° implant Intra-abdo: \_\_\_\_\_

**Implantation**  
N° implant Intra-abdo: 155 21h42

Autres: \_\_\_\_\_

**Stress**

PS1

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

**Comments:**