

Marmottes Sassièrè / Marmots Sassièrè

 Date: 02/07/2015

 Time: 9 h 14

 N° fiche/sheet: 353

 Opérateur/ Handling: Cohas

 N° individu: 16964

 capture id: 9581


 Territoire: X
Territory

 Recapture yes
no

 Statut social Dominant
Sub
unknown
Measures

Masse corporelle / Body mass (g)	<u>295</u>
L. mandibule / Jaw (mm)	<u>42,27</u>
L. Patte ant. / Forefoot (mm)	<u>36,25</u>
L. Cubitus / Ulna (mm)	<u>41,14</u>
L. Patte post. / Hindfoot (mm)	<u>51,51</u>
L. Tibia (mm)	<u>50,06</u>
L. TC / Body length (cm)	<u>19,00</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>37,43</u>
Larg. Bassin / Basin width (mm)	<u>26,32</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>11,93</u>

Marking

Transpondeur n°			Paint
Metal n°	<u>0937</u>	Oreille / ear	<u>ob</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

Echantillons / Samples : nbr + étiquette / label

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

Statut Repro

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 checked="" type="checkbox"/> unknown <input type="checkbox"/>
		Gestante	yes <input type="checkbox"/> Pregnant no <input checked="" type="checkbox"/> unknown <input 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° <u>163</u>	Type implant: vienne <input type="checkbox"/> ibutton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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: vienne <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: _____	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: vienne <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: _____	Comments:		

Surgery

Début: 13h27
Fin: 13h42
Injection: 0,05 H: 13h10
Injection: _____ H: _____
Anhest. Local (Lurocaïne): _____
Anti-infl (Metacam): 0,02 H: _____
Antibio (Baytril): 30,04 H: 13h43

Desimplantation

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

Implantation

N° implant Intra-abdo: 163 13h29

Autres: _____

Stress

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

Comments: