


# Marmottes Sassièrè/ Marmots Sassièrè

1699

Date: 02/07/2015 Time: 9 h 30 N° fiche/sheet: 356 Opérateur/ Handling: Cohos N° individu: ~~7785~~ capture id: 9584

Territoire: <u>A</u> <small>Territory</small>	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>250</u>
L. mandibule / Jaw (mm)	<u>39.97</u>
L. Patte ant. / Forefoot (mm)	<u>34.82</u>
L. Cubitus / Ulna (mm)	<u>40.19</u>
L. Patte post. / Hindfoot (mm)	<u>51.74</u>
L. Tibia (mm)	<u>50.83</u>
L. TC / Body length (cm)	<u>20.5</u>
Larg. Tête zygomatique/ Zygomatic width (mm)	<u>37.51</u>
Larg. Bassin / Basin width (mm)	<u>25.07</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>13.24</u>

<b>Marking</b>	Transpondeur n°  <u>956000003017007</u>	Paint
	Metal n° <del>XXXXXX</del> <u>φ 938</u>	Oreille / ear <u>OG</u>
	Plastic n° <u>/</u>	Oreille / ear <u>/</u> color <u>/</u>
	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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Echantillons / Samples : nbr + étiquette / label	
Feces <input type="checkbox"/> <input type="checkbox"/>	Eurytic <input type="checkbox"/> <u>1</u> <u>1,40 x 10<sup>6</sup></u>
Poils / Hair <input type="checkbox"/> <input type="checkbox"/>	Leucotic <input type="checkbox"/> <u>1</u> <u>2,96 x 10<sup>5</sup></u>
Biopsy <input type="checkbox"/> <input type="checkbox"/>	Hematocyte <input type="checkbox"/> <input type="checkbox"/>
TV / Green tube <input type="checkbox"/> <input type="checkbox"/>	Jugal <input type="checkbox"/> <input type="checkbox"/>
TR / Red tube <input type="checkbox"/> <input type="checkbox"/>	Bucal <input type="checkbox"/> <input type="checkbox"/>
Frotti / Blood smear <input type="checkbox"/> <input type="checkbox"/>	Anal <input type="checkbox"/> <input 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: 1  TR extract: nb: / Htot: 32,26 Hematie: 14,68

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: \_\_\_\_\_

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  11:40 Namip

Injection DM: Heure: 0.25 11:45    PS  2 Heure: 13:45

Injection ACTH: Heure: 0.7 13:45    PS  3 Heure: 14:45

PS  4 Heure: 15:45

**Comments:**