

Marmottes / Marmots Sassièrè

Date: 15/05/2016 Time: 12h 00 N° fiche / sheet: 38 Opérateur / Handling: SP N° individu: 1583 capture id: 9644

Territoire: <u>Y</u> <small>Territory</small>	Recapture yes <input checked="" type="checkbox"/> no <input 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>2350</u>
L. mandibule / Jaw (mm)	<u>66.95</u>
L. Patte ant. / Forefoot (mm)	<u>59.30</u>
L. Cubitus / Ulna (mm)	<u>83.49</u>
L. Patte post. / Hindfoot (mm)	<u>79.36</u>
L. Tibia (mm)	<u>96.17</u>
L. TC / Body length (cm)	<u>43.50</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>60.27</u>
Larg. Bassin / Basin width (mm)	<u>58.39</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>✓</u>

Marking	Transpondeur n° <u>956 — 3042464</u>		Paint <u>1 Orange</u>
	Metal n° <u>1900</u>	Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/>	
	Plastic n° <u>✓</u>	Oreille ear G/Left <input type="checkbox"/> D/Right <input type="checkbox"/> color <u>✓</u>	
	Implant yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/>	download data yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	

Age	0 Marmotton <input type="checkbox"/> Pup	2 ans <input checked="" 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 checked="" type="checkbox"/>	Erythrocytes <input type="checkbox"/>
Poils / Hair <input checked="" type="checkbox"/>	Leucocytes <input type="checkbox"/>
Biopsy <input checked="" type="checkbox"/> ○	Hematocyte <input type="checkbox"/>
TV / Green tube <input type="checkbox"/> ○ ○	Jugal <input type="checkbox"/> 1 ○
TV extact <input type="checkbox"/> ○ ○	Bucal <input type="checkbox"/> 1 ○
TR / Red tube <input type="checkbox"/> ○ ○	Anal <input type="checkbox"/> 1 ○
TR extract <input type="checkbox"/> ○ ○	GB (telomeres) <input type="checkbox"/> ○
Frotti / Blood smear <input type="checkbox"/> ○	white blood cells
	Stress <input type="checkbox"/> ○

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

Hemato	Comptages: Ery: _____ x10 _____	Leuco: _____ x10 _____	Hematocrite: _____
	<small>cell count</small>		

Comments:

Action pose In <input type="checkbox"/> retrait Out <input checked="" type="checkbox"/> H début/start: <u>1</u>	Implantation id: <u>1</u> intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> under skin	Position: Abdo <input checked="" type="checkbox"/> cou neck <input type="checkbox"/>	Implant id: n° <u>134</u>	Type implant: vienne <input type="checkbox"/> ibutton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments: <u>RAS! ☺ 1^{er} of the year!</u>				
Action pose In <input checked="" type="checkbox"/> retrait Out <input type="checkbox"/> H début/start: _____	Implantation id: intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> under skin	Position: Abdo <input checked="" type="checkbox"/> cou neck <input type="checkbox"/>	Implant id: n° <u>173</u>	Type implant: vienne <input type="checkbox"/> ibutton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments:				
Action pose In <input type="checkbox"/> retrait Out <input type="checkbox"/> H début/start: _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> under skin	Position: Abdo <input type="checkbox"/> cou neck <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"/>
Comments:				

Chirurgie/Surgery

Début/start: 13:39
Fin/End: 14:00
Injection: Zoétil Heure / Time: 13h
Injection: _____ Heure / Time: _____
Anest. Local (Lurocaïne): 1ml
Anti-infl (Metacam): 0.15ml Heure / Time: 14:02
Antibio (Baytril): 0.23ml Heure / Time: 14:03

Desimplantation
N° implant sous-cut / under skin: X
N° implant Intra-abdo: ~~134~~ 134

Implantation
N° implant Intra-abdo: 173

Autres / Other: 4 ps X, sujet 5 ps simples

Stress

PS0 délai : _____ Injection zoolétil: Qté / Qty: _____ Heure / Time: _____
capture delay
PS1 Heure: _____ Injection DM: Qté / Qty: _____ Heure / Time: _____
Time
PS2 Heure: _____ Injection ACTH: Qté / Qty: _____ Heure / Time: _____
Time
PS3 Heure: _____
Time

Comments:

