


Marmottes / Marmots Sassièrè

Date: 17/05/2016 Time: 19 h 07 N° fiche / sheet: 77 Opérateur / Handling: Sylvain N° individu: 428 capture id: 9684

Territoire: <u>T</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"/>
--	---	---------------	--

Measures Masse corporelle / Body mass (g) <u>1600</u> L. mandibule / Jaw (mm) <u>57.28</u> L. Patte ant. / Forefoot (mm) <u>56.44</u> L. Cubitus / Ulna (mm) <u>67.70</u> L. Patte post. / Hindfoot (mm) <u>77.62</u> L. Tibia (mm) <u>86.61</u> L. TC / Body length (cm) <u>38.5</u> Larg. Tête zygomatique / Zygomatic width (mm) <u>54.31</u> Larg. Bassin / Basin width (mm) <u>69.52</u> Dist. Ano-Génitale (cm) (marmotton/pup only) <u>✓</u>	Paint  <u>yellow</u>
--	--

Marking	Transpondeur n° <u>956 — 3011968</u>						
	Metal n° <u>0949</u> ^{New}	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 type="checkbox"/>	download data	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	

Age	0 Marmotton <input type="checkbox"/> <small>Pup</small> 1 an <input checked="" type="checkbox"/> <small>Yearling</small>	2 ans <input type="checkbox"/> <small>2 years old</small> ≥ 3 ans <input type="checkbox"/> <small>≥ 3 y</small>
------------	---	--

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: <u>✓</u> x10 <u>✓</u>	Leuco: <u>✓</u> x10 <u>✓</u>	Hematocrite: <u>✓</u>
---------------	---------------------------------------	------------------------------	-----------------------

Comments:
New metallic tag.

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"/> ○
TV extact <input type="checkbox"/> ○ ○			Bucal <input checked="" type="checkbox"/> ○
TR / Red tube <input type="checkbox"/> ○ ○			Anal <input checked="" type="checkbox"/> ○
TR extract <input type="checkbox"/> ○ ○			GB (telomeres) <input type="checkbox"/> ○
			<small>white blood cells</small>
Frotti / Blood smear <input type="checkbox"/> ○			Stress <input type="checkbox"/>

Action pose <input type="checkbox"/> In retrait <input checked="" type="checkbox"/> Out H début/start: _____	Implantation id: intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> <i>under skin</i> H fin/end: _____	Position: Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/> neck	Implant id: n° <u>148</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 <input checked="" type="checkbox"/> In retrait <input type="checkbox"/> Out H début/start: _____	Implantation id: intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> <i>under skin</i> H fin/end: _____	Position: Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/> neck	Implant id: n° <u>182</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 <input type="checkbox"/> In retrait <input type="checkbox"/> Out H début/start: _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> <i>under skin</i> H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	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: 21:28
Fin/End: 21:52
Injection: 2x 0.76 Heure / Time: 20:59
Injection: _____ Heure / Time: _____
Anest. Local (Lurocaïne): 1ml
Anti-infl (Metacam): 0.1ml Heure / Time: 21:53
Antibio (Baytril): 0.15ml Heure / Time: 21:53

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

Desimplantation

N° implant sous-cut / *under skin*: _____

N° implant Intra-abdo: 148

Implantation

N° implant Intra-abdo: 182

Autres / Other: _____

Comments: