

Marmottes Sassièrè/ Marmots Sassièrè

 Date: 02/07/2016

 Time: 10 h 53

 N° fiche/sheet: 367

 Opérateur/ Handling: Sylvia

 N° individu: 1773

 capture id: 10005


 Territoire: Y
Territory

 Recapture yes
no

 Statut social Dominant
Sub
unknown
Measures

Masse corporelle / Body mass (g)	<u>245g</u>
L. mandibule / Jaw (mm)	<u>39.03</u>
L. Patte ant. / Forefoot (mm)	<u>36.20</u>
L. Cubitus / Ulna (mm)	<u>40.44</u>
L. Patte post. / Hindfoot (mm)	<u>42.41</u>
L. Tibia (mm)	<u>47.58</u>
L. TC / Body length (cm)	<u>20</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>36.56</u>
Larg. Bassin / Basin width (mm)	<u>25.46</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>8.65</u>

Marking

Transpondeur n°		Paint
	<u>956000003020876</u>	
Metal n°	<u>0738</u>	Oreille / ear <u>D</u>
Plastic n°	<u> </u>	Oreille / ear <u> </u> color <u> </u>
Implant	yes <input checked="" type="checkbox"/> no <input checked="" 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 type="checkbox"/>	Eurytic <input checked="" type="checkbox"/>
Poils / Hair <input checked="" type="checkbox"/>	<input type="checkbox"/>	Leucotic <input checked="" type="checkbox"/>
Biopsy <input checked="" type="checkbox"/>	<input type="checkbox"/>	Hematocryte <input type="checkbox"/>
TV / ^{orange} Green tube <input checked="" type="checkbox"/>	<input type="checkbox"/>	Jugal <input type="checkbox"/>
TR / Red tube <input type="checkbox"/>	<input type="checkbox"/>	Bucal <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	<input type="checkbox"/>	Anal <input checked="" type="checkbox"/>

Statut Repro

Male <input type="checkbox"/>	Sexual 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:
leuco: 1.12.10⁵ ery: 7.71.10⁵

Remarques / remarks

 Extraction GB

 Stress

Action pose <input checked="" type="checkbox"/> dépose <input type="checkbox"/> H début/start: _____	Implantation id: intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	Position: Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° <u>209</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"/> dépose <input type="checkbox"/> H début/start: _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	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"/>
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Action pose <input type="checkbox"/> dépose <input type="checkbox"/> H début/start: _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	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"/>
Comments:				

Surgery

Début: 16h50
Fin: 17h47
Injection: zol. 0,15 H: 16h17
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: 209

Autres: _____

Stress

PS1

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

Comments: