

### Marmottes / Marmots Sassièr

Date: 31/05/2017 Time: 18 h 20 N° fiche / sheet: 118 Opérateur / Handling: SP N° individu: 1690 capture id: 10257

Territoire: <u>W</u> Territory	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"/>	Measures
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Marking	Transpondeur n° <u>-3035841</u>	Paint <u>1 violet</u>
	Metal n° <u>0749</u> Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/>	color _____
	Plastic n° _____ Oreille ear G/Left <input type="checkbox"/> D/Right <input type="checkbox"/>	
Implant yes <input checked="" type="checkbox"/> no <input type="checkbox"/>		

Masse corporelle / Body mass (g) 2750  
 L. mandibule / Jaw (mm) 61,30  
 L. Patte ant. / Forefoot (mm) 57,90  
 L. Cubitus / Ulna (mm) 81,10  
 L. Patte post. / Hindfoot (mm) 81,10  
 L. Tibia (mm) 96,90  
 L. TC / Body length (cm) 45,00  
 Larg. Tête zygomatique / Zygomatic width (mm) 60,30  
 Larg. Bassin / Basin width (mm) 62,00  
 Dist. Ano-Génitale (cm) (marmotton/pup only) \_\_\_\_\_

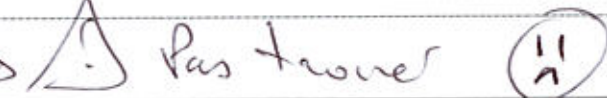
Age	0 Marmotton <input type="checkbox"/> Pup 1 an <input type="checkbox"/> Yearling	2 ans <input checked="" type="checkbox"/> 2 years old ≥ 3 ans <input type="checkbox"/> ≥ 3 y
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Echantillons / Samples : nbr + étiquette / label	
Feces <input checked="" type="checkbox"/>	Erythrocytes <input checked="" type="checkbox"/>
Poils / Hair <input checked="" type="checkbox"/>	Leucocytes <input checked="" type="checkbox"/>
Biopsy <input checked="" type="checkbox"/> ○	Hematocyte <input checked="" type="checkbox"/>
TV / Green tube <input checked="" type="checkbox"/> ○ ○	Jugal <input checked="" type="checkbox"/> ○
TV extract <input checked="" 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 checked="" type="checkbox"/> ○ white blood cells
Frotti / Blood smear <input checked="" type="checkbox"/> ○	Stress <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 Lactating yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
	Gestante Pregnant yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>

Hemato	Comptages: Ery: <u>1,07</u> x10 <sup>6</sup> Leuco: <u>592</u> x10 <sup>5</sup> Hematocrite: 0, <u>60</u> cell count Htot: _____ Hématies: _____
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Comments: New Zolatil 17 - 1

<b>Action</b> pose <input type="checkbox"/> In    retrait <input checked="" type="checkbox"/> Out H début/start: _____	<b>Implantation id:</b> intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> <small>under skin</small> H fin/end: _____	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/> <small>neck</small>	<b>Implant id:</b> n° <u>218</u>	<b>Type implant:</b> vienné <input type="checkbox"/> ibutton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
<b>Comments:</b> 				
<b>Action</b> pose <input type="checkbox"/> In    retrait <input type="checkbox"/> Out H début/start: _____	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> <small>under skin</small> H fin/end: _____	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/> <small>neck</small>	<b>Implant id:</b> n° _____	<b>Type implant:</b> vienné <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"/> In    retrait <input type="checkbox"/> Out H début/start: _____	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> <small>under skin</small> H fin/end: _____	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/> <small>neck</small>	<b>Implant id:</b> n° _____	<b>Type implant:</b> vienné <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
<b>Comments:</b>				
<b>Chirurgie/Surgery</b> Début/start: <u>19h35</u> Fin/End: <u>21h00</u> <i>zd</i> Injection: - <u>5,4ml</u> Heure / Time: <u>18h47</u> Injection: <u>0,9ml Zol</u> Heure / Time: <u>12h47</u> Anhest. Local (Lurocaïne): <u>1ml</u> Anti-infl (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____			<b>Stress</b> PS0 <input type="checkbox"/> <small>capture</small> délai : _____    Injection zoolétil:    Qté / Qty: _____ Heure / Time: _____ PS1 <input type="checkbox"/> Heure: _____    Injection DM:    Qté / Qty: _____ Heure / Time: _____ PS2 <input type="checkbox"/> Heure: _____    Injection ACTH:    Qté / Qty: _____ Heure / Time: _____ PS3 <input type="checkbox"/> Heure: _____	
<b>Desimplantation</b> N° implant sous-cut / under skin: _____ N° implant Intra-abdo: _____ <b>Implantation</b> N° implant Intra-abdo: _____ Autres / Other: _____			<b>Comments:</b> <u>Le boquer m'a pas été retrouvé.</u>	