

# Marmottes Sassièrè/ Marmots Sassièrè

 Date: 10/06/2015

 Time: 10h50

 N° fiche/sheet: 261

 Opérateur/ Handling: Colas

 N° individu: 1404

 capture id: 9496

Territoire: <u>Z</u> Territory	Recapture yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Statut social Dominant <input checked="" type="checkbox"/> Sub <input type="checkbox"/> unknown <input type="checkbox"/>
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### Measures

Masse corporelle / Body mass (g)	<u>4000</u>
L. mandibule / Jaw (mm)	<u>70,03</u>
L. Patte ant. / Forefoot (mm)	<u>60,76</u>
L. Cubitus / Ulna (mm)	<u>92,80</u>
L. Patte post. / Hindfoot (mm)	<u>85,44</u>
L. Tibia (mm)	<u>107,95</u>
L. TC / Body length (cm)	<u>50</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>64,46</u>
Larg. Bassin / Basin width (mm)	<u>73,50</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>—</u>

<b>Marking</b>	Transpondeur n°	<u><del>76</del> B44B6</u>		Paint
	Metal n°	<u>0027</u>	Oreille / ear	<u>06</u>
	Plastic n°	<u>299</u>	Oreille / ear	<u>0D</u> color <u>rose</u>
	Implant	yes <input checked="" type="checkbox"/>	no	<input type="checkbox"/>

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

### Echantillons / Samples : nbr + étiquette / label

Feces <input checked="" type="checkbox"/>	Eurytic <input type="checkbox"/>
Poils / Hair <input checked="" type="checkbox"/>	Leucotic <input type="checkbox"/>
Biopsy <input checked="" type="checkbox"/> 	Hematocyte <input type="checkbox"/>
TV / Green tube <input type="checkbox"/>	Jugal <input checked="" type="checkbox"/> 
TR / Red tube <input type="checkbox"/>	Bucal <input checked="" type="checkbox"/> 
Frotti / Blood smear <input type="checkbox"/>	Anal <input checked="" type="checkbox"/> 

Hemato TV extract: nb: — TR extract: nb: — Htot: — Hematie: —

### Remarques / remarks

pas de nouveau transpondeur

Extraction GB  Stress

<b>Action</b> pose <input type="checkbox"/> dépose <input checked="" type="checkbox"/> H début/start: <u>11h30</u>	<b>Implantation id:</b> intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: <u>12h</u>	<b>Position:</b> Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/>	<b>Implant id:</b> n° <u>36</u>	<b>Type implant:</b> vienne <input checked="" type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/> <b>Comments:</b> <u>RAS</u>
<b>Action</b> pose <input checked="" type="checkbox"/> dépose <input type="checkbox"/> H début/start: <u>12h</u>	<b>Implantation id:</b> intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: <del>12h</del>	<b>Position:</b> Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/>	<b>Implant id:</b> n° <u>140</u>	<b>Type implant:</b> vienne <input type="checkbox"/> ibutton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/> <b>Comments:</b> <u>RAS</u>
<b>Action</b> pose <input checked="" type="checkbox"/> dépose <input type="checkbox"/> H début/start: _____	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input checked="" type="checkbox"/> H fin/end: _____	<b>Position:</b> Abdo <input type="checkbox"/> cou <input checked="" type="checkbox"/>	<b>Implant id:</b> n° <u>122</u>	<b>Type implant:</b> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input checked="" type="checkbox"/> starr-oddi L <input type="checkbox"/> <b>Comments:</b> <u>RAS</u>

**Surgery**

Début: 11h50  
Fin: 12h23  
Injection: 11h15 H: 0,5  
Injection: 0,2 H: 11h57  
Anhest. Local (Lurocaïne): ok  
Anti-infl (Metacam): 0.24 ml H: 12:30  
Antibio (Baytril): 0.4 ml H: 12:30

**Desimplantation**  
N° implant sous-cut: \_\_\_\_\_  
N° implant Intra-abdo: 36

**Implantation**  
N° implant Intra-abdo: 140 / s/cut: 122  
Autres: Abdo: 3 pt X + 1 pt à 7h / sujet / 6 pt à 7h  
- s/cut: 3 pt à 7h -

**Stress**

PS1

Injection DM: Heure: \_\_\_\_\_ PS  Heure: \_\_\_\_\_  
Injection ACTH: Heure: \_\_\_\_\_ PS  Heure: \_\_\_\_\_  
PS  Heure: \_\_\_\_\_

**Comments:**