

# Marmottes Sassièrè/ Marmots Sassièrè

 Date: 27/05/2015

 Time: 15 h00

 N° fiche/sheet: 188

 Opérateur/ Handling: Cohas

 N° individu: 1588

 capture id: 9239

Territoire: <input checked="" type="checkbox"/> 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"/>
---	---	---

Transpondeur n° <u>708CE8B</u> Metal n° <u>Ø135</u> Oreille / ear <u>OD</u> Plastic n° <u>/</u> Oreille / ear <u>/</u> color <u>/</u> Implant yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Paint  
--	---------------

<b>Measures</b> Masse corporelle / Body mass (g) <u>1475</u> L. mandibule / Jaw (mm) <u>55,19</u> L. Patte ant. / Forefoot (mm) <u>49,95</u> L. Cubitus / Ulna (mm) <u>63,31</u> L. Patte post. / Hindfoot (mm) <u>74,31</u> L. Tibia (mm) <u>83,05</u> L. TC / Body length (cm) <u>37,0</u> Larg. Tête zygomatique / Zygomatic width (mm) <u>51,52</u> Larg. Bassin / Basin width (mm) <u>49,09</u> Dist. Ano-Génitale (cm) (marmotton/pup only) <u>X</u>	<u>Améric</u> <u>Sylvia</u> 55,52 51,69 63,66 75,04 83,53 37 51,88 48,58
--	---

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

<b>Echantillons / Samples : nbr + étiquette / label</b>	
Feces <input type="checkbox"/> <input type="checkbox"/> Poils / Hair <input checked="" type="checkbox"/> Biopsy <input type="checkbox"/> <input type="checkbox"/> TV / Green tube <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TR / Red tube <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Frotti / Blood smear <input type="checkbox"/> <input type="checkbox"/>	Eurytic <input type="checkbox"/> Leucotic <input type="checkbox"/> Hematocyte <input type="checkbox"/> Jugal <input type="checkbox"/> <input type="checkbox"/> Bucal <input type="checkbox"/> <input type="checkbox"/> Anal <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 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: /

Remarques / remarks  
tuee par un renard le 23/06/15

Extraction GB   Stress

<b>Action</b> pose <input type="checkbox"/> dépose <input checked="" type="checkbox"/>	<b>Implantation id:</b> intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/>	<b>Position:</b> Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/>	<b>Implant id:</b> n° <u>83</u>	<b>Type implant:</b> vienné <input checked="" type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
H début/start: _____	H fin/end: <u>16h37</u>	<b>Comments:</b>		
<b>Action</b> pose <input type="checkbox"/> dépose <input type="checkbox"/>	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/>	<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"/>
H début/start: <u>/</u>	H fin/end: _____	<b>Comments:</b>		
<b>Action</b> pose <input type="checkbox"/> dépose <input type="checkbox"/>	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/>	<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"/>
H début/start: _____	H fin/end: _____	<b>Comments:</b>		

**Surgery**

Début: 16h32  
Fin: 16h54  
Injection: zol. 0,2 H: 16h00  
Injection: 0,1 H: 16h15  
Anhest. Local (Lurocaïne): \_\_\_\_\_  
Anti-infl (Metacam): 0,09 H: 16h55  
Antibio (Baytril): 0,15 H: 11

**Desimplantation**  
N° implant sous-cut: /  
N° implant Intra-abdo: 83 16h37

**Implantation**  
N° implant Intra-abdo: pas réimplanté

Autres: 5 pt simple surst  
4 pt simple - Ganglions pas vasculaires

**Stress**

PS1

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

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

PS  Heure: \_\_\_\_\_

**Comments:**