

# Marmottes Sassièrè / Marmots Sassièrè

 Date: 26/05/2015

 Time: 10h30

 N° fiche/sheet: 168

 Opérateur/ Handling: Aurèlie

 N° individu: 1593

 capture id: 9233

Territoire: <u>X</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"/>
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Marking	Transpondeur n°	<u>1086513</u>		Paint	<u>O</u> <u>rouge</u>
	Metal n°	<u>0844</u>	Oreille / ear	<u>OG</u>	
	Plastic n°	<u>/</u>	Oreille / ear	<u>/</u>	color <u>/</u>
	Implant	yes <input type="checkbox"/>	no <input type="checkbox"/>		

### Measures

Masse corporelle / Body mass (g)	<u>1725</u>
L. mandibule / Jaw (mm)	<u>59,65</u>
L. Patte ant. / Forefoot (mm)	<u>53,05</u>
L. Cubitus / Ulna (mm)	<u>67,17</u>
L. Patte post. / Hindfoot (mm)	<u>79,13</u>
L. Tibia (mm)	<u>90,47</u>
L. TC / Body length (cm)	<u>38,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>55,84</u>
Larg. Bassin / Basin width (mm)	<u>51,76</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>/</u>

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

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

Feces <input checked="" type="checkbox"/> <input 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"/> <input type="checkbox"/>	Jugal <input type="checkbox"/> <input type="checkbox"/>
TR / Red tube <input type="checkbox"/> <input type="checkbox"/>	Bucal <input type="checkbox"/> <u>1/4</u>
Frotti / Blood smear <input type="checkbox"/> <input type="checkbox"/>	Anal <input type="checkbox"/> <u>1</u>

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 yes <input type="checkbox"/> Lactating no <input type="checkbox"/> unknown <input type="checkbox"/>
		Gestante yes <input type="checkbox"/> Pregnant no <input type="checkbox"/> unknown <input type="checkbox"/>

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

Remarques / remarks /

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>85</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"/>
H début/start: _____	H fin/end: <u>11h40</u>	<b>Comments:</b>		
<b>Action</b> pose <input checked="" type="checkbox"/> dépose <input 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>131</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"/>
H début/start: <u>11h40</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> vienne <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: 11h34  
Fin: 12h01  
Injection: 0,2ml H: 11h00  
Injection: 0,15ml H: 11h17  
Anhest. Local (Lurocaïne): 1ml  
Anti-infl (Metacam): 0,11 H: 12h04  
Antibio (Baytril): 0,17 H: 12h03

**Desimplantation**  
N° implant sous-cut: \_\_\_\_\_  
N° implant Intra-abdo: 85 11h40

**Implantation**  
N° implant Intra-abdo: 131 11h40

Autres: 6pb airb - loggr abne smk este  
myg - enkyte - Sq coagulé  
5pb airb - norm loggr remis ds loggr

**Stress**

PS1

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

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

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

**Comments:**