

Marmottes Sassi re/ Marmots Sassi re

 Date: 26/05/2015

 Time: 12h20

 N  fiche/sheet: 171

 Op rateur/ Handling: Pierre

 N  individu: 1594

 capture id: 9234

 Territoire: X
Territory


 Recapture yes
no

 Statut social
Dominant
Sub
unknown
Measures

Aur lie

| | |
|---|--------------|
| Masse corporelle / Body mass (g) | <u>1675</u> |
| L. mandibule / Jaw (mm) | <u>56,49</u> |
| L. Patte ant. / Forefoot (mm) | <u>59,84</u> |
| L. Cubitus / Ulna (mm) | <u>68,42</u> |
| L. Patte post. / Hindfoot (mm) | <u>77,86</u> |
| L. Tibia (mm) | <u>88,37</u> |
| L. TC / Body length (cm) | <u>38,0</u> |
| Larg. T te zygomatique / Zygomatic width (mm) | <u>53,31</u> |
| Larg. Bassin / Basin width (mm) | <u>59,98</u> |
| Dist. Ano-G nitale (cm) (marmotton/pup only) | <u>X</u> |

Marking

| | | | |
|-----------------|---|-----------------------------|---|
| Transpondeur n  |  | 708C1C0 ancien perdu | Paint <input checked="" type="checkbox"/> <u>rouge</u> |
| Metal n  | <u>0159</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"/> | |

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 |

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"/> |

Echantillons / Samples : nbr +  tiquette / label

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

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

nouveau transpondeur car ancien perdu

 Extraction GB Stress

| | | | | |
|--|--|---|-------------------------------------|---|
| Action pose <input type="checkbox"/> dépose <input checked="" type="checkbox"/> H début/start: _____ | Implantation id: intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: <u>13h37</u> | Position: Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/> | Implant id: n° <u>82</u> | Type implant: vienné <input checked="" type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/> |
| Comments: | | | | |
| Action pose <input checked="" type="checkbox"/> dépose <input type="checkbox"/> H début/start: <u>13h39</u> | 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>132</u> | Type implant: vienné <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: vienné <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/> |
| Comments: | | | | |

Surgery

Début: 13h30
Fin: 13h56
Injection: 0,2 H: 12h55
Injection: 0,2 H: 13h12
Anhest. Local (Lurocaïne): 1ml
Anti-infl (Metacam): 0,11 H: 14h00
Antibio (Baytril): 0,17 H: 13h59

Desimplantation

N° implant sous-cut: _____
N° implant Intra-abdo: ~~82~~ 13h37

Implantation

N° implant Intra-abdo: 132 13h39

Autres:

S p's right
myel
S p's right
- un peu entghe

Stress

PS1

Injection DM: Heure: _____

PS Heure: _____

Injection ACTH: Heure: _____

PS Heure: _____

PS Heure: _____

Comments: