

# Marmottes Sassièrè/ Marmots Sassièrè

 Date: 26/06/2015

 Time: 10 h 30

 N° fiche/sheet: 307

 Opérateur/ Handling: Cohas


 N° individu: 1668

 capture id: 5533

|                                   |  |   |
|-----------------------------------|--|---|
| Territoire: <u>2</u><br>Territory | Recapture yes <input type="checkbox"/><br>no <input checked="" type="checkbox"/> | Statut social<br>Dominant <input type="checkbox"/><br>Sub <input checked="" type="checkbox"/><br>unknown <input type="checkbox"/> |
|-----------------------------------|--|---|




### Measures

|  |              |
|--|--------------|
| Masse corporelle / Body mass (g)             | <u>335g</u>  |
| L. mandibule / Jaw (mm)                      | <u>43,68</u> |
| L. Patte ant. / Forefoot (mm)                | <u>37,98</u> |
| L. Cubitus / Ulna (mm)                       | <u>41,01</u> |
| L. Patte post. / Hindfoot (mm)               | <u>56,89</u> |
| L. Tibia (mm)                                | <u>53,73</u> |
| L. TC / Body length (cm)                     | <u>20,5</u>  |
| Larg. Tête zygomatique/ Zygomatic width (mm) | <u>39,45</u> |
| Larg. Bassin / Basin width (mm)              | <u>37,48</u> |
| Dist. Ano-Génitale (cm) (marmotton/pup only) | <u>8,78</u>  |

|                |                 |   |                                 |
|----------------|-----------------|---|---------------------------------|
| <b>Marking</b> | Transpondeur n° |  | Paint                           |
|                | Metal n°        | <u>0892</u>   | Oreille / ear <u>00</u>         |
|                | Plastic n°      | _____   | Oreille / ear _____ color _____ |
|                | Implant         | yes <input checked="" type="checkbox"/> no <input type="checkbox"/>               |                                 |

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

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

|  |   |
|--|---|
| Feces <input type="checkbox"/> <input type="checkbox"/>  | Eurytic <input type="checkbox"/>  |
| Poils / Hair <input type="checkbox"/> <u>1</u>   | Leucotic <input type="checkbox"/>   |
| Biopsy <input type="checkbox"/> <u>1</u>  | Hematocryte <input type="checkbox"/>  |
| TV / Green tube <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                     | Jugal <input type="checkbox"/> <input type="checkbox"/>   |
| TR / Red tube <input type="checkbox"/> <u>0</u> <input type="checkbox"/> <input type="checkbox"/>                              | Bucal <input type="checkbox"/> <u>0,3</u>  |
| Frotti / Blood smear <input type="checkbox"/> <input type="checkbox"/>   | Anal <input type="checkbox"/> <u>1</u>     |

|                     |  |  |
|---------------------|--|--|
| <b>Statut Repro</b> | Male <input type="checkbox"/>              | Scrotal yes <input type="checkbox"/><br>no <input type="checkbox"/><br>unknown <input type="checkbox"/>              |
|                     | Female <input checked="" type="checkbox"/> | Allaitante yes <input type="checkbox"/><br>Lactating no <input type="checkbox"/><br>unknown <input type="checkbox"/> |
|                     |  | Gestante yes <input type="checkbox"/><br>Pregnant no <input type="checkbox"/><br>unknown <input type="checkbox"/>    |

**Hemato** TV extract: nb: \_\_\_\_\_ TR extract: nb: \_\_\_\_\_ Htot: \_\_\_\_\_ Hematie: \_\_\_\_\_

**Remarques / remarks**

|   |                                 |
|---|---------------------------------|
| Extraction GB <input type="checkbox"/> <input type="checkbox"/> | Stress <input type="checkbox"/> |
|---|---------------------------------|

|  |   |   |                                     |   |
|--|---|---|-------------------------------------|---|
| <b>Action</b><br>pose <input type="checkbox"/> dépose <input type="checkbox"/><br>H début/start: _____ | <b>Implantation id:</b><br>intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/><br>H fin/end: _____ | <b>Position:</b><br>Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/> | <b>Implant id:</b><br>n° <u>151</u> | <b>Type implant:</b><br>vienne <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><br>pose <input type="checkbox"/> dépose <input type="checkbox"/><br>H début/start: _____ | <b>Implantation id:</b><br>intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/><br>H fin/end: _____            | <b>Position:</b><br>Abdo <input type="checkbox"/> cou <input type="checkbox"/>            | <b>Implant id:</b><br>n° _____      | <b>Type implant:</b><br>vienne <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><br>pose <input type="checkbox"/> dépose <input type="checkbox"/><br>H début/start: _____ | <b>Implantation id:</b><br>intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/><br>H fin/end: _____            | <b>Position:</b><br>Abdo <input type="checkbox"/> cou <input type="checkbox"/>            | <b>Implant id:</b><br>n° _____      | <b>Type implant:</b><br>vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>            |
| <b>Comments:</b>   |   |   |                                     |   |

**Surgery**

Début: 12h06  
Fin: 12h20  
Injection: 0,1 H: 11h30  
Injection: \_\_\_\_\_ H: \_\_\_\_\_  
Anhest. Local (Lurocaïne): 11h56 ; 0,2  
Anti-infl (Metacam): 0,02 H: 12h20  
Antibio (Baytril): 0,04 H: 12h20

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

**Implantation**  
N° implant Intra-abdo: 151

Autres: 2 points X + 1 point simple, 1/6, 5 pts simple

**Stress**

PS1

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

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

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

**Comments:**