

# Marmottes Sassièrè/ Marmots Sassièrè

 Date: 06/06/2015

 Time: 12 h 00

 N° fiche/sheet: 310

 Opérateur/ Handling: Chas


 N° individu: 1651

 capture id: 9536

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

Masse corporelle / Body mass (g)	<u>385g</u>
L. mandibule / Jaw (mm)	<u>43,68</u>
L. Patte ant. / Forefoot (mm)	<u>40</u>
L. Cubitus / Ulna (mm)	<u>45,35</u>
L. Patte post. / Hindfoot (mm)	<u>57,52</u>
L. Tibia (mm)	<u>55,35</u>
L. TC / Body length (cm)	<u>23</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>39,78</u>
Larg. Bassin / Basin width (mm)	<u>28,31</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>15,89</u>

<b>Marking</b>	Transpondeur n°  956000003011011	Paint
	Metal n° <u>0892</u> Oreille / ear <u>06</u>	
	Plastic n° <u>/</u> Oreille / ear <u>/</u> color <u>/</u>	
	Implant yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	

<b>Age</b>	0 Marmotton <input checked="" type="checkbox"/> Pup 1 an <input type="checkbox"/> Yearling	2 ans <input type="checkbox"/> 2 years old ≥ 3 ans <input type="checkbox"/> ≥ 3 y
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**Echantillons / Samples : nbr + étiquette / 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"/>	Hematocryte <input type="checkbox"/>
TV / Green tube <input type="checkbox"/>	<input type="checkbox"/>	Jugal <input type="checkbox"/>
TR / Red tube <input type="checkbox"/>	<input type="checkbox"/>	Bucal <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	<input type="checkbox"/>	Anal <input checked="" type="checkbox"/>

<b>Statut Repro</b>	Male <input checked="" type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input checked="" 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**

Extraction GB <input type="checkbox"/>	<input type="checkbox"/>	Stress <input type="checkbox"/>
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<b>Action</b> pose <input checked="" type="checkbox"/> déposer <input type="checkbox"/> H début/start: _____	<b>Implantation id:</b> intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	<b>Position:</b> Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/>	<b>Implant id:</b> n° <u>147</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>				
<b>Action</b> pose <input type="checkbox"/> déposer <input type="checkbox"/> H début/start: _____	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	<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"/>
<b>Comments:</b>				
<b>Action</b> pose <input type="checkbox"/> déposer <input type="checkbox"/> H début/start: _____	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	<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"/>
<b>Comments:</b>				

**Surgery**

Début: 13h42  
Fin: 14h  
Injection: 0,1 H: 13h20  
Injection: \_\_\_\_\_ H: \_\_\_\_\_  
Anhest. Local (Lurocaïne): 0,2 Bh31  
Anti-infl (Metacam): 0,02 H: 14h  
Antibio (Baytril): 0,04 H: 14h

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

**Implantation**  
N° implant Intra-abdo: 147

Autres: 2 pts X, 1/EG; 4 pts simple

**Stress**

PS1

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

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

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

**Comments:**