


Marmottes Sassièrè/ Marmots Sassièrè

Date: 01/07/2015 Time: 7 h 00 N° fiche/sheet: 368 Opérateur/ Handling: Cobos N° individu: 1690 capture id: 9575

Territoire: <u>W</u> 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>375g</u>
L. mandibule / Jaw (mm)	<u>44,93</u>
L. Patte ant. / Forefoot (mm)	<u>42,35</u>
L. Cubitus / Ulna (mm)	<u>44,62</u>
L. Patte post. / Hindfoot (mm)	<u>56,76</u>
L. Tibia (mm)	<u>54,41</u>
L. TC / Body length (cm)	<u>22,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>41,89</u>
Larg. Bassin / Basin width (mm)	<u>28,16</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>11,96</u>

Marking	Transpondeur n°	 <u>956000003039841</u>	Paint
	Metal n°	<u>0929</u>	Oreille / ear <u>00</u>
	Plastic n°	_____	Oreille / ear _____ color _____
	Implant	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	

Age	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"/> 0	Eurytic <input type="checkbox"/> 0
Poils / Hair <input type="checkbox"/> 1	Leucotic <input type="checkbox"/> 0
Biopsy <input type="checkbox"/> 1 	Hematocryte <input type="checkbox"/> 0
TV / Green tube <input type="checkbox"/> 0	Jugal <input type="checkbox"/> 0
TR / Red tube <input type="checkbox"/> 0	Bucal <input type="checkbox"/> 0 
Frotti / Blood smear <input type="checkbox"/> 0	Anal <input type="checkbox"/> 1 

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 type="checkbox"/> unknown <input type="checkbox"/>

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

Remarques / remarks

Extraction GB Stress

Action pose <input checked="" type="checkbox"/> dépose <input type="checkbox"/> H début/start: _____	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>158</u>	Type implant: vienne <input type="checkbox"/> ibutton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments: <u>2 pts X, 1/6, 4 pts x 7/8 (plus de colle!) RTS -</u>				
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: vienne <input type="checkbox"/> ibutton <input 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: vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments:				

Surgery

Début: _____
Fin: _____ 18:00

Injection: _____ H: _____
Injection: _____ H: _____

Anhest. Local (Lurocaïne): 0.2ml
Anti-infl (Metacam): 0.02 H: _____
Antibio (Baytril): 0.04 H: _____

part fait

Desimplantation
N° implant sous-cut: _____
N° implant Intra-abdo: _____

Implantation
N° implant Intra-abdo: 158

Autres:

Stress

PS1

Injection DM: Heure: _____ PS Heure: _____
Injection ACTH: Heure: _____ PS Heure: _____
PS Heure: _____

Comments: