

# Marmottes Sassièrè/ Marmots Sassièrè

 Date: 02/07/2015

 Time: 9 h 14

 N° fiche/sheet: 353

 Opérateur/ Handling: Cohus

 N° individu: 16964


 capture id: 9581

 Territoire: X  
 Territory

 Recapture yes   
 no 

 Statut social  
 Dominant   
 Sub   
 unknown 
**Measures**



Masse corporelle / Body mass (g)	<u>295</u>
L. mandibule / Jaw (mm)	<u>42,27</u>
L. Patte ant. / Forefoot (mm)	<u>36,25</u>
L. Cubitus / Ulna (mm)	<u>41,14</u>
L. Patte post. / Hindfoot (mm)	<u>51,51</u>
L. Tibia (mm)	<u>50,06</u>
L. TC / Body length (cm)	<u>19,00</u>
Larg. Tête zygomatique/ Zygomatic width (mm)	<u>37,43</u>
Larg. Bassin / Basin width (mm)	<u>26,32</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>11,93</u>

<b>Marking</b>	Transpondeur n°  956000003008985	Paint
	Metal n° <u>0937</u> Oreille / ear <u>ob</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	2 ans <input type="checkbox"/> 2 years old
	1 an <input type="checkbox"/> Yearling	≥ 3 ans <input type="checkbox"/> ≥ 3 y

<b>Statut Repro</b>	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 + étiquette / label**

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

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

**Remarques / remarks**

 Extraction GB   Stress

<b>Action</b> pose <input checked="" type="checkbox"/> dépose <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>163</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"/> dépose <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"/> dépose <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: 13h 27  
Fin: 13h 42  
Injection: 0,05 H: 13h 10  
Injection: \_\_\_\_\_ H: \_\_\_\_\_  
Anhest. Local (Lurocaïne): \_\_\_\_\_  
Anti-infl (Metacam): 0,02 H: \_\_\_\_\_  
Antibio (Baytril): 0,04 H: 13h 43

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

**Implantation**  
N° implant Intra-abdo: 163    13h 29

Autres: \_\_\_\_\_

**Stress**

PS1

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

**Comments:**