

Marmottes Sassi re/ Marmots Sassi re


Date: 02/07/2015 Time: 9 h 14 N  fiche/sheet: 352 Op rateur/ Handling: Cohas N  individu: 1695 capture id: 9580

Territoire: <u>Y</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>320</u>
L. mandibule / Jaw (mm)	38.44 <u>43.40</u>
L. Patte ant. / Forefoot (mm)	<u>38.44</u>
L. Cubitus / Ulna (mm)	<u>43.56</u>
L. Patte post. / Hindfoot (mm)	<u>54.11</u>
L. Tibia (mm)	<u>51.97</u>
L. TC / Body length (cm)	<u>20.5</u>
Larg. T�te zygomatique/ Zygomatic width (mm)	<u>38.58</u>
Larg. Bassin / Basin width (mm)	<u>25.79</u>
Dist. Ano-G�nitale (cm) (marmotton/pup only)	<u>14.25</u>

Marking

Transpondeur n   956000003015039 Paint

Metal n  0936 Oreille / ear OG

Plastic n  / Oreille / ear / color /




Implant yes no

Age

0 Marmotton Pup
1 an Yearling

2 ans 2 years old
≥ 3 ans ≥ 3 y

Echantillons / Samples : nbr +  tiquette / label

Feces <input type="checkbox"/> <input checked="" type="checkbox"/>	Eurytic <input type="checkbox"/>
Poils / Hair <input type="checkbox"/>	Leucotic <input type="checkbox"/>
Biopsy <input type="checkbox"/> 	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 checked="" type="checkbox"/> 
Frotti / Blood smear <input type="checkbox"/> <input checked="" type="checkbox"/>	Anal <input type="checkbox"/> 

Statut Repro

Male Scrotal yes
no
unknown

Female Allaitante yes
Lactating no
unknown

Gestante yes
Pregnant no
unknown

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: <u>12h39</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>162</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 pb x 1 / 6, 4 pb x 7 ps -</u> <u>RAS -</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: 12h39
Fin: 12h50
Injection: 0.05 H: _____
Injection: _____ H: _____
Anhest. Local (Lurocaïne): 0.2
Anti-infl (Metacam): 0.02 H: _____
Antibio (Baytril): 0.04 H: _____

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

Implantation
N° implant Intra-abdo: 162

Autres: _____

Stress

PS1

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

Comments: Diminution dose Zolétic 0.05 ml