


Marmottes Sassièrè/ Marmots Sassièrè

Date: 06/07/2015 Time: 9 h 30 N° fiche/sheet: 3634 Opérateur/ Handling: Cohus N° individu: 1703 capture id: 9592

Territoire: <u>S</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>300g</u>
L. mandibule / Jaw (mm)	<u>42.88</u>
L. Patte ant. / Forefoot (mm)	<u>37.88</u>
L. Cubitus / Ulna (mm)	<u>43.03</u>
L. Patte post. / Hindfoot (mm)	<u>56.07</u>
L. Tibia (mm)	<u>50.75</u>
L. TC / Body length (cm)	<u>20</u>
Larg. Tête zygomatique/ Zygomatic width (mm)	<u>38.04</u>
Larg. Bassin / Basin width (mm)	<u>24.50</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>9.73</u>

Marking	Transpondeur n°  956000003011315	Paint
	Metal n° <u>0990</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"/> <input type="radio"/>	Eurytic <input type="checkbox"/>
Poils / Hair <input type="checkbox"/> <input type="radio"/>	Leucotic <input type="checkbox"/>
Biopsy <input type="checkbox"/> <input type="radio"/> 	Hematocryte <input type="checkbox"/>
TV / Green tube <input type="checkbox"/> <input type="radio"/> <input type="radio"/>	Jugal <input type="checkbox"/> <input type="radio"/>
TR / Red tube <input type="checkbox"/> <input type="radio"/> <input type="radio"/>	Bucal <input type="checkbox"/> <input type="radio"/>
Frotti / Blood smear <input type="checkbox"/> <input type="radio"/>	Anal <input type="checkbox"/> <input type="radio"/> 

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 checked="" 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>164</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 / 3 pt en U + 1 pt siyle - → pas de sujet!</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: 10h28
Fin: 10h46
Injection: 0.1ml H: 10:02
Injection: _____ H: _____
Anest. Local (Lurocaïne): 0,2
Anti-infl (Metacam): 0,02 H: 10h49
Antibio (Baytril): 0,04 H: 10h49

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

Implantation
N° implant Intra-abdo: 164 10h30

Autres:

Stress

PS1

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

Comments: