

Marmottes Sassièrè/ Marmots Sassièrè

 Date: 14/05/2015

 Time: 15 h 50

 N° fiche/sheet: 11

 Opérateur/ Handling: COHAS

 N° individu: 1564

 capture id: 9114

 Territoire: B TALUS
 Territory

 Recapture yes
 no

 Statut social Dominant
 Sub
 unknown
Measures

Masse corporelle / Body mass (g)	<u>1500</u>
L. mandibule / Jaw (mm)	<u>56,83</u>
L. Patte ant. / Forefoot (mm)	<u>54,07</u>
L. Cubitus / Ulna (mm)	<u>67,32</u>
L. Patte post. / Hindfoot (mm)	<u>78,69</u>
L. Tibia (mm)	<u>86,13</u>
L. TC / Body length (cm)	<u>38,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>53,48</u>
Larg. Bassin / Basin width (mm)	<u>46,42</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>X</u>

Marking

 Transpondeur n° 768 D9 84

 Paint

 Metal n° 0509 Oreille / ear OD
vert


 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 + étiquette / label

 Feces 


 Eurytic 1.32×10^6

 Poils / Hair


 Leucotic $2,82 \cdot 10^5$


 Biopsy 


 Hematocyte

 TV / Green tube 

 Jugal

 TR / Red tube 



 Bucal 

 Frotti / Blood smear 

 Anal 
Statut Repro


 Male Scrotal yes
 no
 unknown

 Female Allaitante yes
 Lactating no
 unknown Gestante yes
 Pregnant no
 unknown

 Hemato TV extract: nb: 1  TR extract: nb: 1  Htot: 44,91 Hematie: 2371

Remarques / remarks

+K50

 Extraction GB 

 Stress

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: viene <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments:				
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Comments:				

Surgery

Début: _____

Fin: _____

Injection: _____ H: _____

Injection: _____ H: _____

Anhest. Local (Lurocaïne): _____

Anti-infl (Metacam): _____ H: _____

Antibio (Baytril): _____ H: _____

Desimplantation

N° implant sous-cut: _____

N° implant Intra-abdo: _____

Implantation

N° implant Intra-abdo: _____

Autres: _____

Stress

PS1

Injection DM: Heure: _____ PS Heure: _____

Injection ACTH: Heure: _____ PS Heure: _____

PS Heure: _____

Comments:

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