

Marmottes Sassièrè/ Marmots Sassièrè

Date: 14/05/2015 Time: 16h38 N° fiche/sheet: 12 Opérateur/ Handling: COHAS N° individu: 1600 capture id: 9415

Territoire: CE
Territory

Recapture yes no

Statut social Dominant Sub unknown

Transpondeur n° 708CB41
956000003011043

Metal n° A0952 Oreille / ear OG Paint jaune

Plastic n° / Oreille / ear / color /

Implant yes no

Measures	
Masse corporelle / Body mass (g)	<u>1950</u>
L. mandibule / Jaw (mm)	<u>59,91</u>
L. Patte ant. / Forefoot (mm)	<u>55,57</u>
L. Cubitus / Ulna (mm)	<u>68,00</u>
L. Patte post. / Hindfoot (mm)	<u>81,39</u>
L. Tibia (mm)	<u>91,27</u>
L. TC / Body length (cm)	<u>40,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>53,90</u>
Larg. Bassin / Basin width (mm)	<u>49,98</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>X</u>







Age 0 Marmotton Pup
1 an Yearling



2 ans 2 years old
≥ 3 ans ≥ 3 y

Statut Repro Male Scrotal yes no unknown

Female Allaitante yes Lactating no unknown

Gestante yes Pregnant no unknown

Echantillons / Samples : nbr + étiquette / label	
Feces <input checked="" type="checkbox"/> 	Eurytic <input checked="" type="checkbox"/> 1.61×10^6
Poils / Hair <input checked="" type="checkbox"/>	Leucotic <input checked="" type="checkbox"/> $3,02 \times 10^5$
Biopsy <input checked="" type="checkbox"/> 	Hematocyte <input checked="" type="checkbox"/>
TV / Green tube <input checked="" type="checkbox"/> 	Jugal <input type="checkbox"/> <input type="checkbox"/>
TR / Red tube <input checked="" type="checkbox"/> 	Bucal <input type="checkbox"/> <input type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/> 	Anal <input checked="" type="checkbox"/> 

Hemato TV extract: nb 2  TR extract: nb 1  Htot: 5135 Hematie: 26,15

Remarques / remarks 4AW3

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: vienne <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: