

Marmottes Sassièrè/ Marmots Sassièrè

Date: 14/05/2015 Time: 16h50 N° fiche/sheet: 13 Opérateur/ Handling: COHAS N° individu: 1596 capture id: 2116

Territoire: GHA
Territory

Recapture yes no

Statut social Dominant Sub unknown



Transpondeur n° 708CCF5

Metal n° Ø182 Oreille / ear OD

Plastic n° / Oreille / ear / color /

Implant yes no

Paint jaune

Measures	
Masse corporelle / Body mass (g)	<u>1850</u>
L. mandibule / Jaw (mm)	<u>57,06</u>
L. Patte ant. / Forefoot (mm)	<u>51,23</u>
L. Cubitus / Ulna (mm)	<u>67,79</u>
L. Patte post. / Hindfoot (mm)	<u>73,25</u>
L. Tibia (mm)	<u>85,00</u>
L. TC / Body length (cm)	<u>38,0</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>53,26</u>
Larg. Bassin / Basin width (mm)	<u>49,93</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 type="checkbox"/> <u>1</u>	Eurytic <input type="checkbox"/> <u>1</u> $1,36 \times 10^6$
Poils / Hair <input type="checkbox"/> <u>1</u>	Leucotic <input type="checkbox"/> <u>1</u> $3,41 \times 10^5$ <u>lt</u>
Biopsy <input type="checkbox"/> <u>1</u>	Hematocyte <input type="checkbox"/> <u>1</u>
TV / Green tube <input type="checkbox"/> <u>1</u> ○	Jugal <input type="checkbox"/> <u>0</u> ○
TR / Red tube <input type="checkbox"/> <u>1</u> ○	Bucal <input type="checkbox"/> <u>05</u>
Frotti / Blood smear <input type="checkbox"/> <u>1</u>	Anal <input type="checkbox"/> <u>1</u>

Hemato TV extract: nb: 1 TR extract: nb: 1 Htot: 64,9 Hematie: 32,51

Remarques / remarks

Extraction GB 10

Stress 0

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"/>
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Comments:				
Surgery Début: _____ Fin: _____ Injection: _____ H: _____ Injection: _____ H: _____ Anhest. Local (Lurocaïne): _____ Anti-infl (Metacam): _____ H: _____ Antibio (Baytril): _____ H: _____			Stress PS1 <input type="checkbox"/> Injection DM: Heure: _____ PS <input type="checkbox"/> Heure: _____ Injection ACTH: Heure: _____ PS <input type="checkbox"/> Heure: _____ PS <input type="checkbox"/> Heure: _____	
Desimplantation N° implant sous-cut: _____ N° implant Intra-abdo: _____ Implantation N° implant Intra-abdo: _____ Autres: _____			Comments:	