

Marmottes Sassièrè/ Marmots Sassièrè

Date: 14/05/2015 Time: 18h20 N° fiche/sheet: 15 Opérateur/ Handling: COHAS N° individu: 1258 capture id: 2118

Territoire: Btal
Territory

Recapture yes no

Statut social Dominant Sub unknown



Transpondeur n° 6FAF8BE

Metal n° 0024 Oreille / ear OG

Plastic n° 309 Oreille / ear OD color vert clair

Implant yes no

Paint

Measures

Masse corporelle / Body mass (g)	<u>3500</u>
L. mandibule / Jaw (mm)	<u>68,53</u>
L. Patte ant. / Forefoot (mm)	<u>61,80</u>
L. Cubitus / Ulna (mm)	<u>84,01</u>
L. Patte post. / Hindfoot (mm)	<u>82,71</u>
L. Tibia (mm)	<u>101,06</u>
L. TC / Body length (cm)	<u>47,9</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>65,69</u>
Larg. Bassin / Basin width (mm)	<u>65,58</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	

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"/>	<u>1.26 x 10⁶</u>
Poils / Hair	<input checked="" type="checkbox"/>		Leucotic	<input checked="" type="checkbox"/>	<u>4.72 x 10⁵ (H)</u>
Biopsy	<input checked="" type="checkbox"/>		Hematocyte	<input checked="" type="checkbox"/>	
TV / Green tube	<input checked="" type="checkbox"/>		Jugal	<input checked="" type="checkbox"/>	<u>6</u>
TR / Red tube	<input type="checkbox"/>		Bucal	<input checked="" type="checkbox"/>	<u>2</u>
Frotti / Blood smear	<input checked="" type="checkbox"/>		Anal	<input checked="" type="checkbox"/>	<u>1</u>

Hemato TV extract: nb: 1 TR extract: nb: / Htot: 42,11 Hematie: 22,63

Remarques / remarks
20150

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: