


Marmottes Sassièrè/ Marmots Sassièrè

Date: 14/05/2015 Time: 19 h 00 N° fiche/sheet: 16 Opérateur/ Handling: COMAS N° individu: 1456 capture id: 9119

Territoire: N3
Territory

Recapture yes no

Statut social Dominant Sub unknown



956000003038206

Transpondeur n° 6FAEFCC

Metal n° 2097 Oreille / ear OD

Plastic n° _____ Oreille / ear _____ color _____

Implant yes no

Paint
X bleu

Measures

Masse corporelle / Body mass (g)	<u>3000</u>
L. mandibule / Jaw (mm)	<u>60,43</u>
L. Patte ant. / Forefoot (mm)	<u>53,49</u>
L. Cubitus / Ulna (mm)	<u>83,90</u>
L. Patte post. / Hindfoot (mm)	<u>77,69</u>
L. Tibia (mm)	<u>92,15</u>
L. TC / Body length (cm)	<u>44,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>61,90</u>
Larg. Bassin / Basin width (mm)	<u>59,74</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"/> 1		Eurytic	<input type="checkbox"/> 1	<u>1,68 x 10⁶</u>
Poils / Hair	<input type="checkbox"/> 1		Leucotic	<input type="checkbox"/> 1	<u>6,9 x 10⁵</u> (coupage) (tail)
Biopsy	<input type="checkbox"/> 1		Hematocyte	<input type="checkbox"/> 1	
TV / Green tube	<input type="checkbox"/> 1		Jugal	<input type="checkbox"/> 2	
TR / Red tube	<input type="checkbox"/> 4		Bucal	<input type="checkbox"/> 1	
Frotti / Blood smear	<input type="checkbox"/> 1		Anal	<input type="checkbox"/> 1	

Hemato TV extract: nb: 1  TR extract: nb: 1  Htot: 32,92 Hematie: 23,35

Remarques / remarks

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: