

Marmottes Sassièrè/ Marmots Sassièrè

Date: 16/05/2015 Time: 9 h 50 N° fiche/sheet: 18 Opérateur/ Handling: Cohus N° individu: 1520 capture id: 9121

Territoire: C Recapture yes no
 Territory

Statut social Dominant Sub unknown



Transpondeur n° 7071682

Metal n° 0577 Oreille / ear OD

Plastic n° Oreille / ear color

Implant yes no

Paint X orange

Measures

Masse corporelle / Body mass (g)	<u>1675</u>
L. mandibule / Jaw (mm)	<u>56</u>
L. Patte ant. / Forefoot (mm)	<u>52</u>
L. Cubitus / Ulna (mm)	<u>64</u>
L. Patte post. / Hindfoot (mm)	<u>79</u>
L. Tibia (mm)	<u>88</u>
L. TC / Body length (cm)	<u>38,5</u>
Larg. Tête zygomatique/ Zygomatic width (mm)	<u>54,5</u>
Larg. Bassin / Basin width (mm)	<u>51</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u> </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"/>	<u>1,49 x 10⁶</u>
Poils / Hair	<input checked="" type="checkbox"/>		Leucotic	<input checked="" type="checkbox"/>	<u>3,66 x 10⁵</u>
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 type="checkbox"/>		Bucal	<input checked="" type="checkbox"/>	
Frotti / Blood smear	<input type="checkbox"/>		Anal	<input checked="" type="checkbox"/>	

Hemato TV extract: nb: 1 TR extract: nb: Htot: 50,18 Hematie: 29,32

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: 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: