

Marmottes Sassièrè/ Marmots Sassièrè

 Date: 16/05/2015

 Time: 12 h 30

 N° fiche/sheet: 19

 Opérateur/ Handling: Cohas

 N° individu: 1509







 capture id: 9122

Territoire: <u>N3</u> Territory	Recapture yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Dominant <input type="checkbox"/> Sub <input checked="" type="checkbox"/> unknown <input type="checkbox"/> Statut social
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Measures	
Masse corporelle / Body mass (g)	<u>1875</u>
L. mandibule / Jaw (mm)	<u>62,36</u>
L. Patte ant. / Forefoot (mm)	<u>55,64</u>
L. Cubitus / Ulna (mm)	<u>73,30</u>
L. Patte post. / Hindfoot (mm)	<u>77,05</u>
L. Tibia (mm)	<u>86,78</u>
L. TC / Body length (cm)	<u>39,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>57,03</u>
Larg. Bassin / Basin width (mm)	<u>54,27</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>X</u>

Marking	Transpondeur n° <u>708F2C2</u> <small>956000003016676</small>	Paint <u>sur l'annéeré dew</u>
	Metal n° <u>Ø171</u> Oreille / ear <u>OG</u>	
	Plastic n° <u> </u> Oreille / ear <u> </u> color <u> </u>	
	Implant yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	

Age	0 Marmotton <input type="checkbox"/> Pup	2 ans <input type="checkbox"/> 2 years old
	1 an <input checked="" type="checkbox"/> Yearling	≥ 3 ans <input type="checkbox"/> ≥ 3 y

Echantillons / Samples : nbr + étiquette / label	
Feces <input checked="" type="checkbox"/> 	Eurytic <input checked="" type="checkbox"/> <u>8,10 x 105</u>
Poils / Hair <input checked="" type="checkbox"/>	Leucotic <input checked="" type="checkbox"/> <u>1,84 x 105</u>
Biopsy <input checked="" type="checkbox"/> 	Hematocyte <input checked="" type="checkbox"/>
TV / Green tube <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Jugal <input type="checkbox"/> <input type="checkbox"/>
TR / Red tube <input checked="" type="checkbox"/> 	Bucal <input checked="" type="checkbox"/> 
Frotti / Blood smear <input checked="" type="checkbox"/> 	Anal <input checked="" type="checkbox"/> 

Statut Repro	Male <input checked="" type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>	
	Female <input type="checkbox"/> Allaitante yes <input type="checkbox"/> Lactating no <input type="checkbox"/> unknown <input type="checkbox"/>	Gestante yes <input type="checkbox"/> Pregnant no <input type="checkbox"/> unknown <input type="checkbox"/>

Hemato TV extract: nb: <u>0</u> TR extract: nb: <u>1</u> 	Htot: <u>36,28</u> Hematie: <u>21,92</u>
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Remarques / remarks

Extraction GB <input checked="" type="checkbox"/> 	Stress <input type="checkbox"/>
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Action pose <input type="checkbox"/> dépose <input type="checkbox"/>	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° _____	Type implant: viennne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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H début/start: _____	H fin/end: _____	Comments:
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Surgery

Début: _____

Fin: _____

Injection: _____ H: _____

Injection: _____ H: _____

Anhest. Local (Lurocaïne): _____

Anti-infl (Metacam): _____ H: _____

Antibio (Baytril): _____ H: _____

Stress

PS1

Injection DM: Heure: _____ PS Heure: _____

Injection ACTH: Heure: _____ PS Heure: _____

PS Heure: _____

Desimplantation
N° implant sous-cut: _____
N° implant Intra-abdo: _____

Implantation
N° implant Intra-abdo: _____

Autres: _____

Comments: