

Marmottes Sassièrè/ Marmots Sassièrè

Date: 16/05/2015

Time: 14 h 00

N° fiche/sheet: 20

Opérateur/ Handling: C. Lucas

N° individu: 1604 ^{→ 1618}

capture id: 9123

Territoire: A
Territory

Recapture yes
no

Statut social
Dominant
Sub
unknown

Measures

Masse corporelle / Body mass (g) 1350
L. mandibule / Jaw (mm) 53,70
L. Patte ant. / Forefoot (mm) 49,25
L. Cubitus / Ulna (mm) 65,52
L. Patte post. / Hindfoot (mm) 76,45
L. Tibia (mm) 82,40
L. TC / Body length (cm) ~~60,00~~ 38
Larg. Tête zygomatique / Zygomatic width (mm) 47,76
Larg. Bassin / Basin width (mm) ~~52,20~~
Dist. Ano-Génitale (cm) (marmotton/pup only)

Marking

Transpondeur r 
956000003010978

Paint


rouge

Metal n° 0536 Oreille / ear G

Plastic n° Oreille / ear color

Implant yes no

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


Eurytic 1 $1,03 \times 10^6$

Poils / Hair 1

Leucotic 1 $2,09 \times 10^5$


Biopsy 1 

Hematocyte 1

TV / Green tube 1 



Jugal

TR / Red tube 1 

Bucal 3/6 

Frotti / Blood smear 1 

Anal 1 

Hemato TV extract: nb: 2  TR extract: nb: 1  Htot: 5263 Hematie: 32,38

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: