


Marmottes Sassièrè/ Marmots Sassièrè








Date: 16/09/2015 Time: 12h55 N° fiche/sheet: 99 Opérateur/ Handling: Cohes N° individu: 1606 → 1620 capture id: 9132

Territoire: <u>A</u> <small>Territory</small>	Recapture yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Statut social Dominant <input type="checkbox"/> Sub <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
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Measures	
Masse corporelle / Body mass (g)	<u>1750</u>
L. mandibule / Jaw (mm)	<u>57,90</u>
L. Patte ant. / Forefoot (mm)	<u>49,58</u>
L. Cubitus / Ulna (mm)	<u>65,85</u>
L. Patte post. / Hindfoot (mm)	<u>75,95</u>
L. Tibia (mm)	<u>83,36</u>
L. TC / Body length (cm)	<u>38,0</u>
Larg. Tête zygomatique/ Zygomatic width (mm)	<u>54,23</u>
Larg. Bassin / Basin width (mm)	<u>49,40</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>X</u>

Marking	Transpondeur n°  <u>956000003045276</u>	Paint <u>1</u> <u>Rouge</u>
	Metal n° <u>0854</u> Oreille / ear <u>00</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 1 an <input checked="" type="checkbox"/> Yearling	2 ans <input type="checkbox"/> 2 years old ≥ 3 ans <input type="checkbox"/> ≥ 3 y
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Echantillons / Samples : nbr + étiquette / label	
Feces <input checked="" type="checkbox"/> 	Eurytic <input checked="" type="checkbox"/> <u>1,42 x 10⁶</u>
Poils / Hair <input checked="" type="checkbox"/>	Leucotic <input checked="" type="checkbox"/> <u>4,02 x 10⁵</u>
Biopsy <input checked="" type="checkbox"/> 	Hematocyte <input checked="" type="checkbox"/>
TV / Green tube <input checked="" type="checkbox"/> 	Jugal <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 type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	
	Female <input checked="" type="checkbox"/> Allaitante yes <input type="checkbox"/> Lactating no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>	Gestante yes <input type="checkbox"/> Pregnant no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>

Hemato TV extract: nb: 1  TR extract: nb: 1  Itot: 52,65 Hematie: 31,24

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"/> 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:				
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"/>
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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: