

Marmottes Sassièrè/ Marmots Sassièrè


→ 1621

Date: 16/05/2015 Time: 20 h 10 N° fiche/sheet: 33 Opérateur/ Handling: Colas N° individu: 1607 capture id: _____

Territoire: B fac
Territory

Recapture yes no

Statut social Dominant Sub unknown *→ transient*

Transpondeur n°  956000003016297

Metal n° 4870 Oreille / ear OG Paint orange

Plastic n° 72 Oreille / ear OD color Blanc

Implant yes no

Measures → Sylvia : bloqué à panamélie bicm








Masse corporelle / Body mass (g)	<u>3800</u>
L. mandibule / Jaw (mm)	<u>73,05</u>
L. Patte ant. / Forefoot (mm)	<u>55,50</u>
L. Cubitus / Ulna (mm)	<u>90,07</u>
L. Patte post. / Hindfoot (mm)	<u>82,86</u>
L. Tibia (mm)	<u>102,85</u>
L. TC / Body length (cm)	<u>51,0</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>70,32</u>
Larg. Bassin / Basin width (mm)	<u>67,99</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>5</u>

Age

0 Marmotton Pup
1 an Yearling

2 ans 2 years old
≥ 3 ans ≥ 3 y

Echantillons / Samples : nbr + étiquette / label



Feces	<input type="checkbox"/> 0	<input type="checkbox"/>	Eurytic	<input checked="" type="checkbox"/> 1	1,56 x 10 ⁶ / mL
Poils / Hair	<input checked="" type="checkbox"/> 1		Leucotic	<input checked="" type="checkbox"/> 1	3,71 x 10 ⁵ / mL
Biopsy	<input checked="" type="checkbox"/> 1		Hematocyte	<input checked="" type="checkbox"/> 1	
TV / Green tube	<input checked="" type="checkbox"/> 1		Jugal	<input checked="" type="checkbox"/> 3,95	
TR / Red tube	<input checked="" type="checkbox"/> 1		Bucal	<input checked="" type="checkbox"/> 1	
Frotti / Blood smear	<input checked="" type="checkbox"/> 1		Anal	<input checked="" type="checkbox"/> 1	

Statut Repro

Male Scrotal yes no unknown

Female Allaitante yes Lactating no unknown

Gestante yes Pregnant no unknown

Hemato TV extract: nb: 1  TR extract: nb: 1  tot: 43,12 Hematie: 24,62

Remarques / remarks morsure fessier / + le 17/05

Extraction GB 

Stress 0

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"/>
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"/>
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: