

Marmottes Sassièrè/ Marmots Sassièrè

Date: 17/05/2015 Time: 10 h30 N° fiche/sheet: 37 Opérateur/ Handling: Colas N° individu: 1545 capture id: 9138

Territoire: N
Territory

Recapture yes no

Statut social Dominant Sub unknown

Transpondeur n° 708 ~~EDA~~ EDA
956000003034277

Metal n° Ø502 Oreille / ear OG7 Paint (avant) Rouge

Plastic n° / Oreille / ear / color /

Implant yes no

Measures

Masse corporelle / Body mass (g) 1250

L. mandibule / Jaw (mm) 55,53

L. Patte ant. / Forefoot (mm) 49,83

L. Cubitus / Ulna (mm) 64,91

L. Patte post. / Hindfoot (mm) ~~73,39~~ 73,39

L. Tibia (mm) 83,92

L. TC / Body length (cm) 36,0

Larg. Tête zygomatique / Zygomatic width (mm) 51,70

Larg. Bassin / Basin width (mm) 42,89


Dist. Ano-Génitale (cm) (marmotton/pup only) Ø


Age 0 Marmotton Pup 2 ans 2 years old
1 an Yearling ≥ 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 1,77 x 10⁶



Poils / Hair  Leucotic 2,29 x 10⁵

Biopsy  Hematocyte


TV / Green tube  Jugal

TR / Red tube  Bucal 0,5 

Frotti / Blood smear  Anal 1 

Hemato TV extract: nb: 1  TR extract: nb: 1  Htot: 45,43 Hematie: 26,66

Remarques / remarks

Extraction GB  Stress 0

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"/>
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: _____

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: