

Marmottes Sassi re/ Marmots Sassi re

Date: 17/05/2015

Time: 15 h 30

N  fiche/sheet: 44

Op rateur/ Handling: Aur lie

N  individu: 1099

capture id: 9145

Territoire: N
Territory

Recapture yes
no

Statut social Dominant
Sub
unknown

Measures

Masse corporelle / Body mass (g) 3750

L. mandibule / Jaw (mm) 74,85

L. Patte ant. / Forefoot (mm) 54,27

L. Cubitus / Ulna (mm) 87,91

L. Patte post. / Hindfoot (mm) 83,82

L. Tibia (mm) 102,52

L. TC / Body length (cm) 49

Larg. T te zygomatique / Zygomatic width (mm) 67,04

Larg. Bassin / Basin width (mm) 63,03

Dist. Ano-G nitale (cm) (marmotton/pup only)

Transpondeur n  13826D9

Metal n  0378 Oreille / ear OG

Plastic n  468 Oreille / ear ED color bleu clair

Implant yes no

Paint rouge

Age

0 Marmotton Pup
1 an Yearling

2 ans 2 years old
≥ 3 ans ≥ 3 y 7

Echantillons / Samples : nbr +  tiquette / label

Feces

Poils / Hair

Biopsy

TV / Green tube

TR / Red tube

Frotti / Blood smear

Eurytic 1 $1,87 \times 10^6$

Leucotic 1 $3,92 \times 10^5$

Hematocyte 1

(2) Jugal 2

Bucal 2

Anal 2

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 Htot: 44,54 Hematie: 21,70

Remarques / remarks peinture Fo: rose

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: _____

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: