

Marmottes Sassièrè / Marmots Sassièrè

Date: 17/05/2015

Time: 17h00

N° fiche/sheet: 47

Opérateur/ Handling: Céline

N° individu: 1548

capture id: 9147

Territoire: L
Territory

Recapture yes
no

Statut social
Dominant
Sub
unknown

Measures

Masse corporelle / Body mass (g)

1900g

L. mandibule / Jaw (mm)

50,63

L. Patte ant. / Forefoot (mm)

55,14

L. Cubitus / Ulna (mm)

70,39

L. Patte post. / Hindfoot (mm)

77,30

L. Tibia (mm)

99,46

L. TC / Body length (cm)

305,5

Larg. Tête zygomatique / Zygomatic width (mm)

55,46

Larg. Bassin / Basin width (mm)

52,06

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

Marking

Transpondeur n° 706ACCC



Metal n° 0552

Oreille / ear OD

Paint

vert

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 1



Eurytic 1 $1,53 \times 10^6$ G/mL

Poils / Hair 1

Leucotic 1 $4,64 \times 10^5$ G/mL

Biopsy 1



Hematocyte 1

TV / Green tube 2



Jugal 0

TR / Red tube 1



Bucal 0

Frotti / Blood smear 1



Anal 1



Hemato TV extract: nb: 2



TR extract: nb: 2



Itot: 42,69 Hematie: 20,44

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: viene <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: