

# Marmottes Sassi re/ Marmots Sassi re

Date: 18/05/2015 Time: 9h15 N  fiche/sheet: 53 Op rateur/ Handling: Pierre N  individu: 1438 capture id: \_\_\_\_\_

Territoire: Etalw  
Territory

Recapture yes  no

Statut social Dominant  Sub  unknown  ?



Transpondeur n  708BCA8

Metal n  0022 Oreille / ear 06 Paint  vert

Plastic n  / Oreille / ear / color /

Implant yes  no

**Measures**

Masse corporelle / Body mass (g)	<u>2950</u>
L. mandibule / Jaw (mm)	<u>64,23</u>
L. Patte ant. / Forefoot (mm)	<u>56,80</u>
L. Cubitus / Ulna (mm)	<u>82,78</u>
L. Patte post. / Hindfoot (mm)	<u>82,96</u>
L. Tibia (mm)	<u>95,61</u>
L. TC / Body length (cm)	<u>45,5</u>
Larg. T�te zygomatique/ Zygomatic width (mm)	<u>59,09</u>
Larg. Bassin / Basin width (mm)	<u>62,40</u>
Dist. Ano-G�nitale (cm) (marmotton/pup only)	<u>X</u>

**Age**

0 Marmotton  Pup  
1 an  Yearling

2 ans  2 years old  
≥ 3 ans  ≥ 3 y

**Statut Repro**

Male  Scrotal yes  no  unknown  petit

Female  Allaitante yes  Lactating no  unknown

Gestante yes  Pregnant no  unknown

**Echantillons / Samples : nbr +  tiquette / label**

Feces <input checked="" type="checkbox"/>		Eurytic <input checked="" type="checkbox"/>	<u>1,51 x 10<sup>6</sup></u>
Poils / Hair <input checked="" type="checkbox"/>		Leucotic <input checked="" type="checkbox"/>	<u>3,57 x 10<sup>5</sup></u>
Biopsy <input checked="" type="checkbox"/>		Hematocyte <input checked="" type="checkbox"/>	
TV / Green tube <input checked="" type="checkbox"/>		Jugal <input type="checkbox"/>	<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"/>	

Hemato TV extract: nb: 1 TR extract: nb: 1 Htot: 54,14 Hematie: 37,68

**Remarques / remarks**  
viens de E avec son fr re 1481

Extraction GB

Stress

<b>Action</b> pose <input type="checkbox"/> dépose <input type="checkbox"/> H début/start: _____	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/>	<b>Implant id:</b> n° _____	<b>Type implant:</b> vienné <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
<b>Comments:</b>				

<b>Action</b> pose <input type="checkbox"/> dépose <input type="checkbox"/> H début/start: _____	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/>	<b>Implant id:</b> n° _____	<b>Type implant:</b> vienné <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
<b>Comments:</b>				

<b>Action</b> pose <input type="checkbox"/> dépose <input type="checkbox"/> H début/start: _____	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/>	<b>Implant id:</b> n° _____	<b>Type implant:</b> vienné <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
<b>Comments:</b>				

**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:**

8e 58 11/28