

Marmottes Sassi re/ Marmots Sassi re

Date: 12/05/2015 Time: 12h 50 N  fiche/sheet: 59 Op rateur/ Handling: Chas N  individu: 1326 capture id: 9155

Territoire: Imilose Territory
 Recapture yes no
 Statut social Dominant Sub unknown

Transpondeur n  6 FZ 33
 Metal n  K0036 Oreille / ear 06
 Plastic n  359 Oreille / ear 0D color vert clair
 Implant yes no

Paint X
jaune

Measures

Masse corporelle / Body mass (g)	<u>3875</u>
L. mandibule / Jaw (mm)	<u>72,69</u>
L. Patte ant. / Forefoot (mm)	<u>59,55</u>
L. Cubitus / Ulna (mm)	<u>90,45</u>
L. Patte post. / Hindfoot (mm)	<u>86,25</u>
L. Tibia (mm)	<u>108,09</u>
L. TC / Body length (cm)	<u>51,5</u>
Larg. T�te zygomatique / Zygomatic width (mm)	<u>67,87</u>
Larg. Bassin / Basin width (mm)	<u>72,02</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 4 ans

Echantillons / Samples : nbr +  tiquette / label

Feces	<input checked="" type="checkbox"/>		Eurytic	<input checked="" type="checkbox"/>	<u>1,63 x 10⁶</u>
Poils / Hair	<input checked="" type="checkbox"/>		Leucotic	<input checked="" type="checkbox"/>	<u>2,12 x 10⁵</u>
Biopsy	<input checked="" type="checkbox"/>		Hematocyte	<input checked="" type="checkbox"/>	
TV / Green tube	<input checked="" type="checkbox"/>		Jugal	<input checked="" type="checkbox"/>	<u>3+1/2</u>
TR / Red tube	<input type="checkbox"/>		Bucal	<input checked="" type="checkbox"/>	<u>2</u>
Frotti / Blood smear	<input checked="" type="checkbox"/>		Anal	<input checked="" type="checkbox"/>	

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: _____ Htot: 58,49 Hematie: 42,28

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: 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:

53,35 21,84