

Marmottes Sassièrè/ Marmots Sassièrè

Date: 12/05/2015 Time: 14h10 N° fiche/sheet: 62 Opérateur/ Handling: Céras N° individu: 1202 capture id: 9157

Territoire: F Recapture yes no
 Territory

Statut social Dominant Sub unknown

Transpondeur n° 20268EA
 Metal n° A0419 Oreille / ear OD
 Plastic n° 8 Oreille / ear OG color Blanc
 Implant yes no






Paint vert


Measures	
Masse corporelle / Body mass (g)	<u>2500</u>
L. mandibule / Jaw (mm)	<u>69,96</u>
L. Patte ant. / Forefoot (mm)	<u>54,11</u>
L. Cubitus / Ulna (mm)	<u>83,19</u>
L. Patte post. / Hindfoot (mm)	<u>79,87</u>
L. Tibia (mm)	<u>98,22</u>
L. TC / Body length (cm)	<u>48,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>65,28</u>
Larg. Bassin / Basin width (mm)	<u>65,25</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>X</u>

Age 0 Marmotton Pup
 1 an Yearling
 2 ans 2 years old
 ≥ 3 ans ≥ 3 y 6 ans


Statut Repro Male Scrotal yes no unknown
 Female Allaitante yes Lactating no unknown
 Gestante yes Pregnant no unknown

Echantillons / Samples : nbr + étiquette / label

Feces <input checked="" type="checkbox"/>		Eurytic <input checked="" type="checkbox"/>	<u>7,60 x 10⁵</u>
Poils / Hair <input checked="" type="checkbox"/>		Leucotic <input checked="" type="checkbox"/>	<u>3,46 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</u>
TR / Red tube <input type="checkbox"/>		Bucal <input checked="" type="checkbox"/>	<u>1/4</u>
Frotti / Blood smear <input checked="" type="checkbox"/>		Anal <input checked="" type="checkbox"/>	<u>1</u>

Hemato TV extract: nb: 1  TR extract: nb: _____ Htot: 65,24 Hematie: 21,80

Remarques / remarks
ouverture lot 12

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:				
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"/>
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Comments:				

Surgery

Début: _____
Fin: _____
Injection: _____ H: _____
Injection: _____ H: _____
Anest. 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:

08:31 13:2