

Marmottes Sassières/ Marmots Sassières

Date: 18/05/2015 Time: 18 h 30 N° fiche/sheet: 73 Opérateur/ Handling: Cohas N° individu: 1600 capture id: 9254

Territoire: CE
Territory

Recapture yes no

Statut social Dominant Sub unknown

Measures

Masse corporelle / Body mass (g) 2250

L. mandibule / Jaw (mm) _____

L. Patte ant. / Forefoot (mm) _____

L. Cubitus / Ulna (mm) _____

L. Patte post. / Hindfoot (mm) _____

L. Tibia (mm) _____

L. TC / Body length (cm) _____

Larg. Tête zygomatique / Zygomatic width (mm) _____

Larg. Bassin / Basin width (mm) _____

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

Marking

Transpondeur n° 956 000 00 3011043

Metal n° _____ Oreille / ear OG

Plastic n° _____ Oreille / ear _____ color _____

Implant yes no

Paint

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 

Poils / Hair

Biopsy ○

TV / Green tube ○ ○

TR / Red tube ○ ○

Frotti / Blood smear ○

Eurytic

Leucotic

Hematocryte

Jugal ○

Bucal ○

Anal ○

Hemato TV extract: nb: _____ TR extract: nb: _____ Htot: _____ Hematie: _____

Remarques / remarks

Extraction GB ○

Stress

Stress

PS1

Injection DM: Heure: _____

Injection ACTH: Heure: _____

PS Heure: _____

PS Heure: _____

Comments:

Surgery

Debut: _____

Fin: _____

Injection: _____ H: _____

Injection: _____ H: _____

Anest. Local (Lurocaine): _____ H: _____

Anti-infl (Metacam): _____ H: _____

Antibio (Baytril): _____ H: _____

Desimplantation

N° implant sous-cut: _____

N° implant Intra-abdo: _____

N° implant Intra-abdo: _____

Autres: _____

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