

Marmottes Sassièrè / Marmots Sassièrè

 Date: 19/05/2015

 Time: 09 h 00

 N° fiche/sheet: 74

 Opérateur/ Handling: Stajiani

 N° individu: 1507

 capture id: 9255

 Territoire: N3
 Territory

 Recapture yes
 no

 Statut social Dominant
 Sub
 unknown
Measures

Masse corporelle / Body mass (g)

L. mandibule / Jaw (mm)

L. Patte ant. / Forefoot (mm)

L. Cubitus / Ulna (mm)

L. Patte post. / Hindfoot (mm)

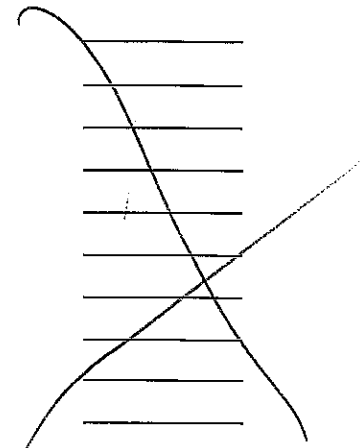
L. Tibia (mm)

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° 9560000029 57 519

 Metal n°

 Oreille / ear

Paint

bleu

 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 

 Poils / Hair 0

 Biopsy 0

 TV / Green tube 0

 TR / Red tube 0

 Frotti / Blood smear 0

 Eurytic 0

 Leucotic 0

 Hematocyte 0

 Jugal 0

 Bucal 0

 Anal 0

 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

Début: _____

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: _____

Implantation

N° implant Intra-abdo: _____

Autres: _____

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