

Marmottes Sassièrè / Marmots Sassièrè

Date: 18/05/2015

Time: 08h00

N° fiche/sheet: 76

Opérateur/ Handling: Stagiaire

N° individu: 1608

→ 1622

capture id: 9257

Territoire: A
Territory

Recapture yes no

Statut social Dominant Sub unknown

Measures

Masse corporelle / Body mass (g) 1500g

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 00 304 3006 Paint _____

Metal n° _____ Oreille / ear _____

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

Poils / Hair

Biopsy

TV / Green tube

TR / Red tube

Frotti / Blood smear

Eurytic

Leucotic

Hematocyte

Jugal

Bucal

Anal

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

Remarques / remarks

Extraction GB

Stress

Stress PS1

Injection DM: Heure: _____ PS Heure: _____

Injection ACTH: 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:
H debut/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"/>	<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 <input type="checkbox"/>	Comments: _____
H debut/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"/>	<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 <input type="checkbox"/>	Comments: _____