

Marmottes Sassièrè/ Marmots Sassièrè

Date: 19/05/2015 Time: 14h00 N° fiche/sheet: 83 Opérateur/ Handling: _____ N° individu: 1600 capture id: 9270

Territoire: <u>CE</u> <small>Territory</small>	Recapture yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Statut social Dominant <input type="checkbox"/> Sub <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
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Measures

Masse corporelle / Body mass (g) 2050

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 zygomaticue / Zygomatic width (mm) _____

Larg. Bassin / Basin width (mm) _____

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

Marking

Transpondeur n° 956000023011043 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

Echantillons / Samples : nbr + étiquette / label

Feces 

Poils / Hair

Biopsy ○

TV / Green tube ○ ○

TR / Red tube ○ ○

Frotti / Blood smear ○

Eurytic

Leucotic

Hematoeryte

Jugal ○

Bucal ○

Anal ○

Statut Repro

Male Scrotal yes
no
unknown

Female Allaitante yes
Lactating no
unknown

Gestante yes
Pregnant no
unknown

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

Remarques / remarks
maillée

Extraction GB ○ Stress

Action pose <input type="checkbox"/> dépose <input type="checkbox"/>	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	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"/>
H début/start: _____	H fin/end: _____	Comments:		

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H début/start: _____	H fin/end: _____	Comments:		

Surgery Début: _____ Fin: _____ Injection: _____ H: _____ Injection: _____ H: _____ Anhest. Local (Lurocaïne): _____ Anti-infl (Metacam): _____ H: _____ Antibio (Baytril): _____ H: _____	Stress PS1 <input type="checkbox"/> Injection DM: Heure: _____ PS <input type="checkbox"/> Heure: _____ Injection ACTH: Heure: _____ PS <input type="checkbox"/> Heure: _____ PS <input type="checkbox"/> Heure: _____
Desimplantation N° implant sous-cut: _____ N° implant Intra-abdo: _____ Implantation N° implant Intra-abdo: _____ Autres: _____	Comments: