

Marmottes Sassièrè/ Marmots Sassièrè

Date: 20/05/2015 Time: 14h30 N° fiche/sheet: 94 Opérateur/ Handling: Aurole N° individu: 1439 capture id: _____

Territoire: Estal
Territory

Recapture yes no

Statut social Dominant Sub unknown ?



Transpondeur n° 708 BFB1

Metal n° 0098 Oreille / ear oh

Plastic n° / Oreille / ear / color /

Implant yes no

Paint avant vert

Measures

Masse corporelle / Body mass (g)	<u>3500</u>
L. mandibule / Jaw (mm)	<u>68,68</u>
L. Patte ant. / Forefoot (mm)	<u>58,05</u>
L. Cubitus / Ulna (mm)	<u>87,07</u>
L. Patte post. / Hindfoot (mm)	<u>86,02</u>
L. Tibia (mm)	<u>101,89</u>
L. TC / Body length (cm)	<u>49,05</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>65,37</u>
Larg. Bassin / Basin width (mm)	<u>68,63</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

Echantillons / Samples : nbr + étiquette / label

Feces	<input type="checkbox"/>	<input type="checkbox"/>	Eurytic	<input checked="" type="checkbox"/>
Poils / Hair	<input checked="" type="checkbox"/>		Leucotic	<input checked="" type="checkbox"/>
Biopsy	<input checked="" type="checkbox"/>		Hematocyte	<input checked="" type="checkbox"/>
TV / Green tube	<input checked="" type="checkbox"/>		Jugal	<input checked="" type="checkbox"/>
TR / Red tube	<input type="checkbox"/>	<input type="checkbox"/>	Bucal	<input checked="" type="checkbox"/>
Frotti / Blood smear	<input checked="" type="checkbox"/>		Anal	<input checked="" type="checkbox"/>

Statut Repro

Male Scrotal yes no unknown

Female Allaitante yes Lactating no unknown

Gestante yes Pregnant no unknown

Hemato TV extract: nb: 1 TR extract: nb: _____ Htot: 52,17 Hematie: 28,96

Remarques / remarks
couple de la patte dans le piège vient de E

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: vienn <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments:				
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Comments:				

Surgery

Début: _____

Fin: _____

Injection: _____ H: _____

Injection: _____ H: _____

Anhest. 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: