

Marmottes Sassi re/ Marmots Sassi re

Date: 22/05/2015

Time: 16 h 50

N  fiche/sheet: R7

Op rateur/ Handling: Cohes

N  individu: 1437

capture id: 0212

Territoire: Lindley
Territory

Recapture yes
no

Statut social Dominant
Sub
unknown

Transpondeur n  6F1F76D
956000003037900

Metal n  0008 Oreille / ear OD

Plastic n  355 Oreille / ear OG color vert clair

Implant yes no

Paint
1 jaune

Measures



Masse corporelle / Body mass (g)	<u>6000</u>
L. mandibule / Jaw (mm)	<u>73,24</u>
L. Patte ant. / Forefoot (mm)	<u>64,10</u>
L. Cubitus / Ulna (mm)	<u>87,86</u>
L. Patte post. / Hindfoot (mm)	<u>85,07</u>
L. Tibia (mm)	<u>102,09</u>
L. TC / Body length (cm)	<u>50,5</u>
Larg. T�te zygomatique / Zygomatic width (mm)	<u>65,24</u>
Larg. Bassin / Basin width (mm)	<u>79,33</u>
Dist. Ano-G�nitale (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 +  tiquette / label



Feces <input checked="" 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"/>		Hematocryte <input checked="" type="checkbox"/>
TV / Green tube <input checked="" type="checkbox"/>	<input type="checkbox"/>	Jugal <input checked="" type="checkbox"/>
TR / Red tube <input checked="" 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: 1  Htot: 4868 Hematie: 3962

Remarques / remarks

Extraction GB  Stress

d congel  p t plus jours

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