

Marmottes Sassièrè/ Marmots Sassièrè

1e grande vadrouille

Date: 22/05/2015 Time: 19 h 30 N° fiche/sheet: 129 Opérateur/ Handling: Aurèlie N° individu: 1584 capture id: 9213

Territoire: Fac
Territory: Tson

Recapture yes no

Statut social Dominant Sub unknown

Transpondeur n° 706A05A
Barcode: 956000003009944

Metal n° 0485 Orelle / ear OD Paint orange
red

Plastic n° / Orelle / ear / color /

Implant yes no

Measures

Masse corporelle / Body mass (g)	<u>1400</u>
L. mandibule / Jaw (mm)	<u>54,38</u>
L. Patte ant. / Forefoot (mm)	<u>46,63</u>
L. Cubitus / Ulna (mm)	<u>63,55</u>
L. Patte post. / Hindfoot (mm)	<u>75,95</u>
L. Tibia (mm)	<u>83,80</u>
L. TC / Body length (cm)	<u>37,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>50,01</u>
Larg. Bassin / Basin width (mm)	<u>46,88</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>X</u>

Age 0 Marmotton Pup 2 ans 2 years old
1 an Yearling ≥ 3 ans ≥ 3 y

Echantillons / Samples : nbr + étiquette / label

Feces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Eurytic	<input checked="" type="checkbox"/>
Poils / Hair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Leucotic	<input checked="" type="checkbox"/>
Biopsy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hematocyte	<input checked="" type="checkbox"/>
TV / Green tube	<input type="checkbox"/>	<input type="checkbox"/>	Jugal	<input type="checkbox"/>
TR / Red tube	<input type="checkbox"/>	<input type="checkbox"/>	Bucal	<input type="checkbox"/>
Frotti / Blood smear	<input checked="" type="checkbox"/>	<input 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: / TR extract: nb: / Htot: 57% Hematie: /

Remarques / remarks

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: vienné <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: