

Marmottes Sassièrè/ Marmots Sassièrè

Date: 23/05/2015

Time: 09h30

N° fiche/sheet: 134

Opérateur/ Handling: Aurèlie

N° individu: 1560

capture id: 9216

Territoire: Imilien
Territory

Recapture yes no

Statut social Dominant Sub unknown



Marking

Transpondeur n° 708F225

Metal n° 0557 Oreille / ear OD

Plastic n° / Oreille / ear / color /

Implant yes no

Paint 1 bleu

Measures

Masse corporelle / Body mass (g)	<u>2175</u>
L. mandibule / Jaw (mm)	<u>57,36</u>
L. Patte ant. / Forefoot (mm)	<u>50,63</u>
L. Cubitus / Ulna (mm)	<u>68,06</u>
L. Patte post. / Hindfoot (mm)	<u>78,31</u>
L. Tibia (mm)	<u>89,78</u>
L. TC / Body length (cm)	<u>60,0</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>57,53</u>
Larg. Bassin / Basin width (mm)	<u>54,86</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 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"/>		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 <u>114</u>
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: / TR extract: nb: / Htot: 1521 Hematie: 26,74

Remarques / remarks

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: viene <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:
----------------------	------------------	------------------

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: viene <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:
----------------------	------------------	------------------

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: viene <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:
----------------------	------------------	------------------

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: