

Marmottes Sassièrè/ Marmots Sassièrè

Date: 25/05/2015 Time: 13 h 55 N° fiche/sheet: 164 Opérateur/ Handling: Cheas N° individu: 1067 capture id: 9230

Territoire: N3 Recapture yes no
 Territory

Statut social Dominant Sub unknown

Transpondeur n° 69B1EGE
 956000003021368

Metal n° A Ø253 Oreille / ear OG Paint bleu

Plastic n° 14 Oreille / ear OD color jaune

Implant yes no

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

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: 74% Hematie: 1

Remarques / remarks

Measures

Masse corporelle / Body mass (g) 4,000

L. mandibule / Jaw (mm) 69,98

L. Patte ant. / Forefoot (mm) 59,14

L. Cubitus / Ulna (mm) 89,96

L. Patte post. / Hindfoot (mm) 85,10

L. Tibia (mm) 105,36

L. TC / Body length (cm) 48,5

Larg. Tête zygomatique / Zygomatic width (mm) 67,01


Larg. Bassin / Basin width (mm) 68,28


Dist. Ano-Génitale (cm) (marmotton/pup only) X

Echantillons / Samples : nbr + étiquette / label


Feces

Poils / Hair

Biopsy 

TV / Green tube 



TR / Red tube



Frotti / Blood smear 


Eurytic


Leucotic

Hematocryte

Jugal  

Bucal  

Anal 

Extraction GB  Stress

↳ décongelés plusieurs jours

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|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: vienné <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/> |
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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: _____

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: