

Marmottes Sassièrè / Marmots Sassièrè

Date: 26/05/2015 Time: 15 h 15 N° fiche/sheet: 176 Opérateur/ Handling: Cobas N° individu: 1583 capture id: 9236

Territoire: Y
Territory

Recapture yes no

Statut social Dominant Sub unknown

Transpondeur n° 7074098
956000003042464

Metal n° 0800/0060 Oreille / ear 06 Paint ORANGÉ

Plastic n° _____ Oreille / ear _____ color _____

Implant yes no

Measures	
Masse corporelle / Body mass (g)	<u>1300</u>
L. mandibule / Jaw (mm)	<u>54.55</u>
L. Patte ant. / Forefoot (mm)	<u>51.48</u>
L. Cubitus / Ulna (mm)	<u>66.41</u>
L. Patte post. / Hindfoot (mm)	<u>74.35</u>
L. Tibia (mm)	<u>81.86</u>
L. TC / Body length (cm)	<u>35</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>51.26</u>
Larg. Bassin / Basin width (mm)	<u>43.02</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>/</u>

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

Statut Repro Male Scrotal yes no unknown

Female Allaitante yes Lactating no unknown Gestante yes Pregnant no unknown

Echantillons / Samples : nbr + étiquette / label

Feces <input checked="" type="checkbox"/>	<input type="checkbox"/>	Eurytic <input type="checkbox"/>
Poils / Hair <input checked="" type="checkbox"/>	<input type="checkbox"/>	Leucotic <input type="checkbox"/>
Biopsy <input checked="" type="checkbox"/>	<input type="checkbox"/>	Hematocyte <input 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 checked="" type="checkbox"/>
Frotti / Blood smear <input type="checkbox"/>	<input type="checkbox"/>	Anal <input checked="" type="checkbox"/>

Hemato TV extract: nb: / TR extract: nb: / Htot: / Hematie: /

Remarques / remarks nvelle bagno

Extraction GB Stress

Action pose <input type="checkbox"/> dépose <input checked="" type="checkbox"/>	Implantation id: intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/>	Position: Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° <u>78</u>	Type implant: vienne <input checked="" type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
H début/start: _____	H fin/end: <u>16h56</u>	Comments:		
Action pose <input checked="" type="checkbox"/> dépose <input type="checkbox"/>	Implantation id: intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/>	Position: Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° <u>134</u>	Type implant: vienne <input type="checkbox"/> ibutton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
H début/start: <u>16h56</u>	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: vienne <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: 16h52
Fin: 17h17
Injection: 0,17 H: 16=22
Injection: 0,1 H: 16=39
Anhest. Local (Lurocaïne): 1ml
Anti-infl (Metacam): 0,08 H: 17h19
Antibio (Baytril): 0,13 H: 17h19

Desimplantation
N° implant sous-cut: _____
N° implant Intra-abdo: 78 16h56

Implantation
N° implant Intra-abdo: 134 16h56

Autres:

Stress

PS1

Injection DM: Heure: _____ PS Heure: _____

Injection ACTH: Heure: _____ PS Heure: _____

PS Heure: _____

Comments: