

Marmottes Sassièrè/ Marmots Sassièrè

Date: 23/09/2014

Time: 19h30

N° fiche/sheet: 202

Opérateur/ Handling: 1091

N° individu: 1091

capture id: 9267

Territoire: E
Territory

Recapture yes no

Statut social Dominant Sub unknown



Transpondeur n° 1C7C975

Metal n° A 0630 Oreille / ear OG1

Plastic n° 7 Oreille / ear OD color jaune

Implant yes no

Paint pas marqué

Measures	Aurèle	Sylvia
Masse corporelle / Body mass (g)	<u>4500</u>	
L. mandibule / Jaw (mm)	<u>66,61</u>	<u>69,02</u>
L. Patte ant. / Forefoot (mm)	<u>59,43</u>	<u>59,59</u>
L. Cubitus / Ulna (mm)	<u>91,46</u>	<u>92,8</u>
L. Patte post. / Hindfoot (mm)	<u>86,77</u>	<u>82,45</u>
L. Tibia (mm)	<u>105,57</u>	<u>105,1</u>
L. TC / Body length (cm)	<u>51,0</u>	<u>51</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>69,80</u>	<u>62,2</u>
Larg. Bassin / Basin width (mm)	<u>67,33</u>	<u>69,16</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 ≥ 3y

Statut Repro Male Scrotal yes no unknown

Female Allaitante yes Lactating no unknown

Gestante yes Pregnant no unknown

Echantillons / Samples : nbr + étiquette / label

Feces

Poils / Hair

Biopsy

TV / Green tube

TR / Red tube

Frotti / Blood smear

Eurytic

Leucotic

Hematocyte

Jugal

Bucal

Anal

Hemato TV extract: nb: 1 TR extract: nb: 1 Htot: 41,13 Hematie: 26,63

Remarques / remarks: pas de poil sur les côtes du ventre

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: vienne <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:**

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"/>
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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: _____

Stress

PS1

Injection DM: Heure: _____ PS Heure: _____
 Injection ACTH: Heure: _____ PS Heure: _____
 PS Heure: _____

Desimplantation
 N° implant sous-cut: _____
 N° implant Intra-abdo: _____

Implantation
 N° implant Intra-abdo: _____

Autres: _____

Comments: