

Marmottes Sassièrè/ Marmots Sassièrè

Date: 03/06/2015 Time: 20 h50 N° fiche/sheet: 240 Opérateur/ Handling: AN&P N° individu: 1585 capture id: 3409

Territoire: S
Territory

Recapture yes no

Statut social Dominant Sub unknown



Transpondeur n° 70B39A0

Metal n° 0862 Oreille / ear 00

Plastic n° / Oreille / ear / color /

Implant yes no

Paint anière

Measures

Masse corporelle / Body mass (g) 2375

L. mandibule / Jaw (mm) 62,11

L. Patte ant. / Forefoot (mm) 55,72

L. Cubitus / Ulna (mm) 72,85

L. Patte post. / Hindfoot (mm) 84,27

L. Tibia (mm) 55,75

L. TC / Body length (cm) 44,0

Larg. Tête zygomatique / Zygomatic width (mm) 54,67

Larg. Bassin / Basin width (mm) 58,45

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

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

Echantillons / Samples : nbr + étiquette / label

Feces

Poils / Hair

Biopsy

TV / Green tube

TR / Red tube


Frotti / Blood smear


Eurytic

Leucotic

Hematocyte

Jugal

Bucal 

Anal 

Male Scrotal yes no unknown

Female Allaitante yes Lactating no unknown

Gestante yes Pregnant no unknown

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

Remarques / remarks

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>79</u>	Type implant: viene <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: _____	Comments: <u>RAS</u>		
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>136</u>	Type implant: viene <input type="checkbox"/> ibutton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
H début/start: _____	H fin/end: _____	Comments: <u>RAS</u>		
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: 23h01
Fin: 23h16
Injection: 03 H: 22h40
Injection: 02 H: 22h50
Anhest. Local (Lurocaïne): AmL
Anti-infl (Metacam): 0,12 H: 23h18
Antibio (Baytril): 0,21 H: _____

Stress

PS1
Injection DM: Heure: _____ PS Heure: _____
Injection ACTH: Heure: _____ PS Heure: _____
PS Heure: _____

Desimplantation

N° implant sous-cut: _____
N° implant Intra-abdo: 79 23h03

Implantation

N° implant Intra-abdo: 136 23h03

Autres: 3 pr X, surjet, 5 pr slyls

Comments: