


Marmottes Sassièrè/ Marmots Sassièrè

Date: 05/05/2015 Time: 17h45 N° fiche/sheet: 245 Opérateur/ Handling: Aurèlie N° individu: 1229 capture id: 9439

Territoire: Btal Recapture yes no Statut social Dominant Sub unknown

Territory



956000003009897

Transpondeur n° 0006F1ECCB Paint

Metal n° 0332 Oreille / ear 0D

Plastic n° 357 Oreille / ear 06 color vert clair

Implant yes no

Measures









Masse corporelle / Body mass (g)	<u>3925</u>	<u>Sylvia</u>
L. mandibule / Jaw (mm)	<u>71,71</u>	<u>70,60</u>
L. Patte ant. / Forefoot (mm)	<u>58,53</u>	<u>59,62</u>
L. Cubitus / Ulna (mm)	<u>86,29</u>	<u>86,83</u>
L. Patte post. / Hindfoot (mm)	<u>86,10</u>	<u>86,17</u>
L. Tibia (mm)	<u>103,20</u>	<u>102,67</u>
L. TC / Body length (cm)	<u>49,5</u>	<u>49</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>65,08</u>	<u>65,56</u>
Larg. Bassin / Basin width (mm)	<u>67,45</u> <u>67,75</u>	<u>67,96</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 type="checkbox"/>	<input type="checkbox"/>	Eurytic	<input checked="" type="checkbox"/>	<u>2.10 x 10⁶</u>
Poils / Hair	<input checked="" type="checkbox"/>		Leucotic	<input checked="" type="checkbox"/>	<u>4.61 x 10⁵</u>
Biopsy	<input checked="" type="checkbox"/>		Hematocyte	<input checked="" type="checkbox"/>	
TV / Green tube	<input checked="" type="checkbox"/>	 	Jugal	<input checked="" type="checkbox"/>	
TR / Red tube	<input checked="" type="checkbox"/>	 <input type="checkbox"/>	Bucal	<input checked="" type="checkbox"/>	
Frotti / Blood smear	<input checked="" type="checkbox"/>		Anal	<input checked="" type="checkbox"/>	

Hemato TV extract: nb: 2 TR extract: nb: 1 Htot: Hematie: 50%

Remarques / remarks trace morsure vers le museau

Extraction GB  Stress

Action pose <input type="checkbox"/> dépose <input type="checkbox"/> H début/start: _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° _____ 233	Type implant: vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments:				
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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: