

Marmottes Sassièrè/ Marmots Sassièrè

 Date: 06/06/2015

 Time: 19h55

 N° fiche/sheet: 248

 Opérateur/ Handling: Elia

 N° individu: ~~1571~~ 1571

 capture id: 9444

 Territoire: Y
 Territory

 Recapture yes
 no

 Statut social
 Dominant
 Sub
 unknown
Measures

 Masse corporelle / Body mass (g) 1,500
 L. mandibule / Jaw (mm) _____
 L. Patte ant. / Forefoot (mm) _____
 L. Cubitus / Ulna (mm) _____
 L. Patte post. / Hindfoot (mm) _____
 L. Tibia (mm) _____
 L. TC / Body length (cm) _____
 Larg. Tête zygomatique / Zygomatic width (mm) _____
 Larg. Bassin / Basin width (mm) _____
 Dist. Ano-Génitale (cm) (marmotton/pup only) _____

Marking

 Transpondeur n° 956-3045499

Paint

Metal n° _____ Oreille / ear _____

Plastic n° _____ Oreille / ear _____ color _____

 Implant yes no
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

 Eurytic

 Poils / Hair

 Leucotic

 Biopsy

 Hematocyte

 TV / Green tube

 Jugal

 TR / Red tube

 Bucal

 Frotti / Blood smear

 Anal

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

Remarques / remarks

 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° _____	Type implant: vienn <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: