

Marmottes Sassièrè / Marmots Sassièrè

 Date: 05/06/2015

 Time: 19 h 00

 N° fiche/sheet: 258

 Opérateur/ Handling: (che)

 N° individu: 1555

 capture id: 9452

 Territoire: CHIA
 Territory: (A)

 Recapture yes
 no

 Statut social
 Dominant
 Sub
 unknown
Measures

Masse corporelle / Body mass (g)

1550 g

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 - 3010214

Paint

Metal n° _____

 Oreille / ear OD

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: vienné <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments:				
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: vienné <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments:				
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: vienné <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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 19#01 20l. 0,15

PSO 3 cap + TV

Injection DM: Heure: 19H10 0,45 PS 1 Heure: 20H09 take veck

Injection ACTH: Heure: 20H12 0,45 PS 2 Heure: 20H43 3 cap.

PS 3 Heure: 21H13 4 cap.

PS 4 Heure: 22H12 6 cap.

PS 5 Heure: 23H13 4 cap.

PS Heure: _____

PS Heure: _____