

# Marmottes Sassièrè/ Marmots Sassièrè

Date: 14/06/2015 Time: 12h 20 N° fiche/sheet: 922 Opérateur/ Handling: Colos N° individu: 1280 capture id: 9503

Territoire: A Recapture yes  no   
 Territory

Statut social Dominant  Sub  unknown



Transpondeur n° 6F1E663 Paint

Metal n° Kφ229 Oreille / ear OD

Plastic n° 40 Oreille / ear OG color Blanc

Implant yes  no

Measures Aurélie

Masse corporelle / Body mass (g)	<u>3525</u>	
L. mandibule / Jaw (mm)	<u>67,81</u>	<u>65,31</u>
L. Patte ant. / Forefoot (mm)	<u>53,17</u>	<u>54,73</u>
L. Cubitus / Ulna (mm)	<u>84,87</u>	<u>85,53</u>
L. Patte post. / Hindfoot (mm)	<u>78,58</u>	<u>76,72</u>
L. Tibia (mm)	<u>98,81</u>	<u>98,78</u>
L. TC / Body length (cm)	<u>46</u>	<u>48</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>65,62</u>	<u>65,43</u>
Larg. Bassin / Basin width (mm)	<u>66,10</u>	<u>66,39</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>/</u>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	Eurytic <input checked="" type="checkbox"/>	<u>1.33 x 10<sup>6</sup></u>
Poils / Hair <input checked="" type="checkbox"/>	<input type="checkbox"/>	Leucotic <input checked="" type="checkbox"/>	<u>5.47 x 10<sup>5</sup></u>
Biopsy <input checked="" type="checkbox"/>		Hematocyte <input checked="" type="checkbox"/>	
TV / Green tube <input checked="" type="checkbox"/>		Jugal <input checked="" type="checkbox"/>	<u>2</u>
TR / Red tube <input checked="" type="checkbox"/>		Bucal <input checked="" type="checkbox"/>	<u>05</u>
Frotti / Blood smear <input checked="" type="checkbox"/>		Anal <input checked="" type="checkbox"/>	<u>1</u>

Hemato TV extract: nb: 1 TR extract: nb: 1 Htot: 0,52 Hematic: /

Remarques / remarks

Extraction GB  Stress

<b>Action</b> pose <input type="checkbox"/> dépose <input type="checkbox"/>	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/>	<b>Implant id:</b> n° _____	<b>Type implant:</b> 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: _____	<b>Comments:</b>		

<b>Action</b> pose <input type="checkbox"/> dépose <input type="checkbox"/>	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/>	<b>Implant id:</b> n° _____	<b>Type implant:</b> 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: _____	<b>Comments:</b>		

<b>Action</b> pose <input type="checkbox"/> dépose <input type="checkbox"/>	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/>	<b>Implant id:</b> n° _____	<b>Type implant:</b> 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: _____	<b>Comments:</b>		

**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:**