

Marmottes Sassièrè/ Marmots Sassièrè

Date: 19/06/2015

Time: 14 h 50

N° fiche/sheet: 288

Opérateur/ Handling: Sylvie

N° individu: 1021

capture id: 9507

Territoire: Fac
Territory

Recapture yes / no

Statut social Dominant / Sub / unknown

Transpondeur n° 2029018
956000003009697

Metal n° K0044 Oreille / ear OD

Plastic n° 397 Oreille / ear OG color vert clair

Implant yes no

Paint marquage

Measures

Masse corporelle / Body mass (g)	<u>3900</u>
L. mandibule / Jaw (mm)	<u>69.30</u>
L. Patte ant. / Forefoot (mm)	<u>53.26</u>
L. Cubitus / Ulna (mm)	<u>82.62</u>
L. Patte post. / Hindfoot (mm)	<u>76.82</u>
L. Tibia (mm)	<u>96.89</u>
L. TC / Body length (cm)	<u>47</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>63.85</u>
Larg. Bassin / Basin width (mm)	<u>66.18</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>X</u>

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

Echantillons / Samples : nbr + étiquette / label

Feces <input checked="" type="checkbox"/>	<input type="checkbox"/>	Eurytic <input checked="" type="checkbox"/>	<u>1.68 x 10⁶</u>
Poils / Hair <input checked="" type="checkbox"/>	<input type="checkbox"/>	Leucotic <input checked="" type="checkbox"/>	<u>4.66 x 10⁵</u>
Biopsy <input checked="" type="checkbox"/>	<input type="checkbox"/>	Hematocyte <input checked="" type="checkbox"/>	<u>1</u>
TV / Green tube <input checked="" type="checkbox"/>	<input type="checkbox"/>	Jugal <input checked="" type="checkbox"/>	<u>3</u>
TR / Red tube <input checked="" type="checkbox"/>	<input type="checkbox"/>	Bucal <input checked="" type="checkbox"/>	<u>1403</u>
Frotti / Blood smear <input checked="" type="checkbox"/>	<input type="checkbox"/>	Anal <input checked="" type="checkbox"/>	<u>1</u>

Statut Repro Male Scrotal yes / no / unknown

Female Allaitante yes / Lactating no / unknown

Gestante yes / Pregnant no / unknown

Hemato TV extract: nb: A TR extract: nb: A Htot: 48% Hematie: _____

Remarques / remarks nouvelle bague plastic

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:				
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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: