

Marmottes Sassièrè/ Marmots Sassièrè

Date: 21/06/2015 Time: 15h30 N° fiche/sheet: 290 Opérateur/ Handling: Gohier N° individu: 1630 capture id: 9515


Territoire: C
Territory

Recapture yes
no

Statut social Dominant
Sub
unknown

Measures

Masse corporelle / Body mass (g)	<u>510g</u>
L. mandibule / Jaw (mm)	<u>46,35</u>
L. Patte ant. / Forefoot (mm)	<u>41,0</u>
L. Cubitus / Ulna (mm)	<u>44,38</u>
L. Patte post. / Hindfoot (mm)	<u>60,53</u>
L. Tibia (mm)	<u>57,45</u>
L. TC / Body length (cm)	<u>85,0</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>43,47</u>
Larg. Bassin / Basin width (mm)	<u>33,54</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>15,35</u>

Transpondeur n°  956000003012390

Paint

Metal n° Ø193 Oreille / ear OG

Plastic n° / Oreille / ear / color /






Implant yes no

Age

0 Marmotton Pup
1 an Yearling

2 ans 2 years old
≥ 3 ans ≥ 3 y

Echantillons / Samples : nbr + étiquette / label


Feces <input type="checkbox"/> <input type="checkbox"/>	Eurytic <input checked="" type="checkbox"/> <u>1.27 x 10⁶</u>
Poils / Hair <input checked="" type="checkbox"/>	Leucotic <input checked="" type="checkbox"/> <u>8.51 x 10⁵</u>
Biopsy <input checked="" type="checkbox"/> 	Hematocyte <input checked="" type="checkbox"/>
TV / Green tube <input checked="" type="checkbox"/> 	Jugal <input type="checkbox"/> <input type="checkbox"/>
TR / Red tube <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bucal <input checked="" type="checkbox"/> 
Frotti / Blood smear <input checked="" type="checkbox"/> 	Anal <input checked="" type="checkbox"/> 

Statut Repro

Male Scrotal yes
no
unknown

Female Allaitante yes
Lactating no
unknown

~~Gestante yes
Pregnant no
unknown~~

Hemato TV extract: nb: 1  TR extract: nb: _____ Hto: _____ Hematie: 0,54 (mesure à PS2)

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:				
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Comments:				

Surgery

Début: _____

Fin: _____

Injection: _____ H: _____

Injection: _____ H: _____

Anest. 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

15^h32 2d. 0/1

PS1 15^h39 TV → prendre son tube vent!!!

IV Injection DM: Heure: 15^h46 0,5 PS 2 Heure: 17^h48 2 cap. ~~0,58~~

IA Injection ACTH: Heure: 17^h50 0,15 PS 3 Heure: 18^h50 4 cap. 0,58

PS 4 Heure: 19^h20 3 cap. 0,55

Comments: