

Marmottes Sassièrè/ Marmots Sassièrè

Date: 25/06/2015 Time: 15 h 20 N° fiche/sheet: 301 Opérateur/ Handling: (char) N° individu: 1642 capture id: 9527

| | | |
|--|---|---|
| Territoire: <u>L</u> <small>Territory</small> | Recapture yes <input type="checkbox"/> no <input checked="" type="checkbox"/> | Statut social Dominant <input type="checkbox"/> Sub <input checked="" type="checkbox"/> unknown <input type="checkbox"/> |
|--|---|---|

Measures

| | |
|---|--------------|
| Masse corporelle / Body mass (g) | <u>330</u> |
| L. mandibule / Jaw (mm) | <u>61,76</u> |
| L. Patte ant. / Forefoot (mm) | <u>35,83</u> |
| L. Cubitus / Ulna (mm) | <u>60,25</u> |
| L. Patte post. / Hindfoot (mm) | <u>52,60</u> |
| L. Tibia (mm) | <u>51,56</u> |
| L. TC / Body length (cm) | <u>21,5</u> |
| Larg. Tête zygomatique / Zygomatic width (mm) | <u>38,43</u> |
| Larg. Bassin / Basin width (mm) | <u>24,54</u> |
| Dist. Ano-Génitale (cm) (marmotton/pup only) | <u>9,05</u> |

| | | |
|----------------|---|-------|
| Marking | Transpondeur n° <u>956000003039976</u> | Paint |
| | Metal n° <u>0951</u> Oreille / ear <u>OD</u> | |
| | Plastic n° <u>/</u> Oreille / ear <u>/</u> color <u>/</u> | |
| | Implant yes <input type="checkbox"/> no <input checked="" type="checkbox"/> | |

| | | |
|------------|---|--|
| Age | 0 Marmotton <input checked="" type="checkbox"/> Pup 1 an <input type="checkbox"/> Yearling | 2 ans <input type="checkbox"/> 2 years old ≥ 3 ans <input type="checkbox"/> ≥ 3 y |
|------------|---|--|

Echantillons / Samples : nbr + étiquette / label

| | |
|--|--|
| Feces <input checked="" type="checkbox"/> | Eurytic <input checked="" type="checkbox"/> <u>1,28 x 106</u> |
| Poils / Hair <input checked="" type="checkbox"/> | Leucotic <input checked="" type="checkbox"/> <u>4,19 x 105</u> |
| Biopsy <input checked="" type="checkbox"/> | Hematocyte <input checked="" type="checkbox"/> |
| TV / Green tube <input checked="" type="checkbox"/> | Jugal <input type="checkbox"/> |
| TR / Red tube <input type="checkbox"/> | Bucal <input checked="" type="checkbox"/> |
| Frotti / Blood smear <input checked="" type="checkbox"/> | Anal <input checked="" type="checkbox"/> |

| | | |
|---------------------|--|--|
| Statut Repro | Male <input type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/> | |
| | Female <input checked="" type="checkbox"/> Allaitante yes <input type="checkbox"/> Lactating no <input checked="" type="checkbox"/> unknown <input type="checkbox"/> | Gestante yes <input type="checkbox"/> Pregnant no <input checked="" type="checkbox"/> unknown <input type="checkbox"/> |

Hemato TV extract: nb: Λ TR extract: nb: Λ Htot: 31,54 Hematie: 13,68
0,53 (biométrie)

Remarques / remarks

| | |
|---|--|
| Extraction GB <input checked="" type="checkbox"/> | Stress <input checked="" type="checkbox"/> |
|---|--|

| | | | | |
|--|--|--|--------------------------------|--|
| 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"/> |
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| 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: _____

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

PS1 4 cap 15h05 = -de 3min à la capture

Injection DM: Heure: 16h01
0,33

Injection ACTH: Heure: 18h04
0,35

PS 2 Heure: 15h55

PS 3 Heure: 18h01

PS 4 Heure: 19h04

PS 5 20h04

Comments: