

Marmottes Sassièrè/ Marmots Sassièrè

Date: 27/06/2015

Time: 15 h 00

N° fiche/sheet: 320

Opérateur/ Handling: AC

N° individu: 1661


capture id: 9542

Territoire: <u>B Tclus</u> Territory	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"/>
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↳ scotch orange

Measures






Masse corporelle / Body mass (g)	<u>630g</u>
L. mandibule / Jaw (mm)	<u>64,96</u>
L. Patte ant. / Forefoot (mm)	<u>41,12</u>
L. Cubitus / Ulna (mm)	<u>45,95</u>
L. Patte post. / Hindfoot (mm)	<u>56,41</u>
L. Tibia (mm)	<u>56,23</u>
L. TC / Body length (cm)	<u>83</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>41,81</u>
Larg. Bassin / Basin width (mm)	<u>30,90</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>15,08</u>

Marking	Transpondeur n°	 <u>956000003019754</u>	Paint
	Metal n°	<u>0898</u>	Oreille / ear <u>OG</u>
	Plastic n°	_____	Oreille / ear _____ color _____
	Implant	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	

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

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

Echantillons / Samples : nbr + étiquette / label

Feces <input type="checkbox"/> <input type="checkbox"/>	Eurytic <input checked="" type="checkbox"/> <u>1,10 × 10⁶</u>
Poils / Hair <input checked="" type="checkbox"/>	Leucotic <input checked="" type="checkbox"/> <u>4,13 × 10⁵</u>
Biopsy <input checked="" type="checkbox"/> 	Hematocyte <input checked="" type="checkbox"/>
TV / Green tube <input type="checkbox"/> <u>orange 1</u> 	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"/> 

Hemato TV extract: nb: / TR extract: nb: / Htot: ~~37,15~~ 68,22 Hematie: ~~17,15~~ 23,15

Remarques / remarks

Extraction GB <input checked="" type="checkbox"/> 	Stress <input checked="" 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:				
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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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 à la capture ~~18h49~~

Injection DM: Heure: 0,430 PS 2 Heure: 18h49

Injection ACTH: Heure: 0,13 19h02 PS 3 Heure: ~~21h02~~ 21h02

PS 4 Heure: 22h05

Comments:

PS 5 → 23h05