

Marmottes Sassièrè / Marmots Sassièrè

Date: 28/10/2015 Time: 14 h 00 N° fiche/sheet: 328 Opérateur/ Handling: Cohen N° individu: 1669 capture id: 9554

Territoire: N3
Territory


Recapture yes no

Statut social Dominant Sub unknown

Measures

Masse corporelle / Body mass (g)	<u>390</u>
L. mandibule / Jaw (mm)	<u>44.75</u>
L. Patte ant. / Forefoot (mm)	<u>40.64</u>
L. Cubitus / Ulna (mm)	<u>43.53</u>
L. Patte post. / Hindfoot (mm)	<u>55.32</u>
L. Tibia (mm)	<u>54.15</u>
L. TC / Body length (cm)	<u>22,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>41.16</u>
Larg. Bassin / Basin width (mm)	<u>29.56</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>17.68</u>

Marking

Transpondeur n°  956000003014182

Metal n° 0982 Oreille / ear OG

Plastic n° / Oreille / ear / color /

Implant yes no

Paint

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 type="checkbox"/> <input checked="" type="checkbox"/>	Eurytic <input type="checkbox"/> <u>1, 19 x 106</u>
Poils / Hair <input type="checkbox"/> <input type="checkbox"/>	Leucotic <input type="checkbox"/> <u>2, 90 x 105</u>
Biopsy <input type="checkbox"/> 	Hematocyte <input type="checkbox"/> <u>1</u>
TV / Green tube <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Jugal <input type="checkbox"/> <input checked="" type="checkbox"/>
TR / Red tube <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Bucal <input type="checkbox"/> <u>1/4</u> 
Frotti / Blood smear <input type="checkbox"/> <input type="checkbox"/> 	Anal <input type="checkbox"/> <input type="checkbox"/> 

Hemato TV extract: nb: 1  TR extract: nb: / Htot: 27,98 Hematie: 12,14

Remarques / remarks

Extraction GB 

Stress

Action pose <input type="checkbox"/> dépose <input type="checkbox"/>	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° _____	Type implant: vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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H début/start: _____	H fin/end: _____	Comments:
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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 182

PS1 Ramp 14:00

Injection DM: Heure: 14:04 0.3g PS 2 Heure: 16:04

Injection ACTH: Heure: 16:07 PS 3 Heure: 17:07

PS 4 Heure: 18:07

Comments: