

Marmottes Sassièrè/ Marmots Sassièrè

 Date: 28/06/2015

 Time: 13 h 45

 N° fiche/sheet: 329

 Opérateur/ Handling: Gohes

 N° individu: 1670

 capture id: 9576


 Territoire: N₃
 Territory

 Recapture yes
 no

 Statut social
 Dominant
 Sub
 unknown
Measures

Masse corporelle / Body mass (g)	<u>350</u>
L. mandibule / Jaw (mm)	<u>44.13</u>
L. Patte ant. / Forefoot (mm)	<u>38.11</u>
L. Cubitus / Ulna (mm)	<u>42.02</u>
L. Patte post. / Hindfoot (mm)	<u>53.61</u>
L. Tibia (mm)	<u>51.70</u>
L. TC / Body length (cm)	<u>20.5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>40.40</u>
Larg. Bassin / Basin width (mm)	<u>27.65</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>13.94</u>

Marking

Transpondeur n°		Paint
	956000003046457	
Metal n°	<u>Ø981</u>	Oreille / ear <u>OG</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	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 checked="" type="checkbox"/>	Eurytic	<input type="checkbox"/> <u>1,27 x 10⁶</u>
Poils / Hair	<input type="checkbox"/> <input type="checkbox"/>	Leucotic	<input type="checkbox"/> <u>2,96 x 10⁵</u>
Biopsy	<input type="checkbox"/> <input checked="" type="checkbox"/>	Hematocyte	<input type="checkbox"/> <input type="checkbox"/>
TV / Green tube	<input type="checkbox"/> <input checked="" type="checkbox"/>	Jugal	<input type="checkbox"/> <input checked="" type="checkbox"/>
Orange	<input type="checkbox"/> <input checked="" type="checkbox"/>	Bucal	<input type="checkbox"/> <u>14</u>
TR / Red tube	<input type="checkbox"/> <input checked="" type="checkbox"/>	Anal	<input type="checkbox"/> <input checked="" type="checkbox"/>
Frotti / Blood smear	<input type="checkbox"/> <input checked="" type="checkbox"/>		

 Hemato TV extract: nb: 1  IR extract: nb: / Htot: 56% Hematie: 56%

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: vienne <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: vienne <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: _____

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 657

PS1 Ranip 13:45

Injection DM: Heure: 13:52 0-35 PS 2 Heure: 15:52

Injection ACTH: Heure: 15:52 0-1 PS 3 Heure: 16:52

PS 4 Heure: 17:52

Comments: