

# Marmottes Sassi re/ Marmots Sassi re

Date: 02/07/2015 Time: 9 h 14 N  fiche/sheet: 351 Op rateur/ Handling: Ghes N  individu: 1693 capture id: 8579

Territoire: X  
Territory

Recapture yes   
no

Statut social Dominant   
Sub   
unknown

**Measures**

Masse corporelle / Body mass (g) 310 g

L. mandibule / Jaw (mm) 42.74

L. Patte ant. / Forefoot (mm) 35.32

L. Cubitus / Ulna (mm) 42.53

L. Patte post. / Hindfoot (mm) 52.91


L. Tibia (mm) 50.41

L. TC / Body length (cm) 21.5

Larg. T te zygomatique/ Zygomatic width (mm) 39.52

Larg. Bassin / Basin width (mm) 25.61

Dist. Ano-G nitale (cm) (marmotton/pup only) 8.55

Transpondeur n   956000003042357

Metal n  0935 Oreille / ear 0D Paint

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 +  tiquette / label**

Feces

Poils / Hair

Biopsy  

TV / Green tube

TR / Red tube

Frotti / Blood smear


Eurytic

Leucotic

Hematocyte

Jugal

Bucal

Anal  

**Statut Repro**

Male  Scrotal yes   
no   
unknown

Female  Allaitante yes   
Lactating no   
unknown

Gestante yes   
Pregnant no   
unknown

**Hemato** TV extract: nb: \_\_\_\_\_ TR extract: nb: \_\_\_\_\_ Htot: \_\_\_\_\_ Hematie: \_\_\_\_\_

**Remarques / remarks**

Extraction GB

Stress

<b>Action</b> pose <input checked="" type="checkbox"/> dépose <input type="checkbox"/> H début/start: <u>10:01</u>	<b>Implantation id:</b> intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: <u>10:17</u>	<b>Position:</b> Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/>	<b>Implant id:</b> n° <u>161</u>	<b>Type implant:</b> vienne <input type="checkbox"/> ibutton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
<b>Comments:</b>				

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

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

<b>Surgery</b> Début: <u>10:01</u> Fin: <u>10:17</u> Injection: <u>4:36</u> H: <u>0.1ml</u> Injection: _____ H: _____ Anest. Local (Lurocaïne): <u>0.2</u> Anti-infl (Metacam): <u>0.02</u> H: _____ Antibio (Baytril): <u>0.09</u> H: _____	<b>Stress</b> PS1 <input type="checkbox"/> Injection DM: Heure: _____ PS <input type="checkbox"/> Heure: _____ Injection ACTH: Heure: _____ PS <input type="checkbox"/> Heure: _____ PS <input type="checkbox"/> Heure: _____
<b>Desimplantation</b> N° implant sous-cut: _____ N° implant Intra-abdo: _____ <b>Implantation</b> N° implant Intra-abdo: <u>161</u> Autres: _____	<b>Comments:</b>