

Marmottes Sassièrè/ Marmots Sassièrè

Date: 02/07/2015

Time: 9 h 14

N° fiche/sheet: 352

Opérateur/ Handling: Cohas

N° individu: 1695

capture id: 9580


Territoire: Y
Territory

Recapture yes
no

Statut social Dominant
Sub
unknown

Measures

| | |
|---|------------------------------|
| Masse corporelle / Body mass (g) | <u>320</u> |
| L. mandibule / Jaw (mm) | 38.4 <u>43.40</u> |
| L. Patte ant. / Forefoot (mm) | <u>38.44</u> |
| L. Cubitus / Ulna (mm) | <u>43.56</u> |
| L. Patte post. / Hindfoot (mm) | <u>54.11</u> |
| L. Tibia (mm) | <u>51.97</u> |
| L. TC / Body length (cm) | <u>20.5</u> |
| Larg. Tête zygomatique / Zygomatic width (mm) | <u>38.58</u> |
| Larg. Bassin / Basin width (mm) | <u>25.79</u> |
| Dist. Ano-Génitale (cm) (marmotton/pup only) | <u>14.25</u> |

Transpondeur n°  956000003015039

Metal n° 0936 Oreille / ear 06 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 + étiquette / label

| | |
|---|---|
| Feces <input type="checkbox"/> <input checked="" type="checkbox"/> | Eurytic <input type="checkbox"/> |
| Poils / Hair <input type="checkbox"/> <u>1</u> | Leucotic <input type="checkbox"/> |
| Biopsy <input type="checkbox"/> <u>1</u>  | Hematocyte <input type="checkbox"/> |
| 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 checked="" type="checkbox"/>  |
| Frotti / Blood smear <input type="checkbox"/> <input checked="" type="checkbox"/> | Anal <input type="checkbox"/> <u>1</u>  |

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

| | | | | |
|---|---|---|-------------------------------------|---|
| Action pose <input checked="" type="checkbox"/> dépose <input type="checkbox"/> H début/start: <u>12h³⁹</u> | Implantation id: intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____ | Position: Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/> | Implant id: n° <u>162</u> | Type implant: vienne <input type="checkbox"/> ibutton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/> |
| Comments: <u>2^{pts} X₁ 1/6, 4^{pts} x - ps -</u> <u>RAS -</u> | | | | |
| 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"/> |
| Comments: | | | | |

Surgery

Début: 12h39
Fin: 12h50
Injection: 0.05 H: _____
Injection: _____ H: _____
Anhest. Local (Lurocaïne): 0.2
Anti-infl (Metacam): 0.02 H: _____
Antibio (Baytril): 0.04 H: _____

Desimplantation
N° implant sous-cut: _____
N° implant Intra-abdo: _____

Implantation
N° implant Intra-abdo: 162

Autres: _____

Stress

PS1

Injection DM: Heure: _____ PS Heure: _____
Injection ACTH: Heure: _____ PS Heure: _____
PS Heure: _____

Comments:
Diminution dose Ziletic 0.05 ml