

Marmottes Sassièrè/ Marmots Sassièrè

5300-1500 - 4800

Date: 04/07/2016 Time: 14h00 N° fiche/sheet: 377 Opérateur/ Handling: Timo N° individu: 1342 capture id: 10015

Territoire: U
Territory

Recapture yes no

Statut social Dominant Sub unknown

Transpondeur n° 6F 22000
Metal n° 20284 Oreille / ear OG

Plastic n° 50 Oreille / ear OD color yellow

Implant yes no

Paint Red

Measures

Masse corporelle / Body mass (g) 3.800

L. mandibule / Jaw (mm) 72.40

L. Patte ant. / Forefoot (mm) 64.13

L. Cubitus / Ulna (mm) 90.97

L. Patte post. / Hindfoot (mm) 85.57

L. Tibia (mm) 103.44

L. TC / Body length (cm) 48

Larg. Tête zygomatique / Zygomatic width (mm) 65.29

Larg. Bassin / Basin width (mm) 65.91

Dist. Ano-Génitale (cm) (marmotton/pup only) ✓

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 Laetating no unknown Gestante yes Pregnant no unknown

Echantillons / Samples : nbr + étiquette / label

Feces

Poils / Hair

Biopsy

TV / Green tube + extract=1

TR / Red tube + extract=1

Frotti / Blood smear

Eurytic

Leucotic

Hematocryte

Jugal

Bucal

Anal

Hemato TV extract: nb: _____ TR extract: nb: _____ Htot: _____ Hematie: 58%
Ery: 1,12 x 10⁶ Leuco: 1,02 x 10⁶

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"/> 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: _____

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

Injection DM: Heure: _____ PS Heure: _____

Injection ACTH: Heure: _____ PS Heure: _____

PS Heure: _____

Comments: