

Marmottes Sassièrè/ Marmots Sassièrè

 Date: 26/06/2015

 Time: 10 h 30

 N° fiche/sheet: 306

 Opérateur/ Handling: Cohas

 N° individu: 1647

 capture id: 9532

 Territoire: Z
 Territory

 Recapture yes
 no

 Statut social
 Dominant
 Sub
 unknown
Measures

Masse corporelle / Body mass (g)

~~420~~ 405

L. mandibule / Jaw (mm)

45,94

L. Patte ant. / Forefoot (mm)

40,10

L. Cubitus / Ulna (mm)

46,45

L. Patte post. / Hindfoot (mm)

59,52

L. Tibia (mm)

57,84

L. TC / Body length (cm)

22,205

Larg. Tête zygomatique / Zygomatic width (mm)

41,76

Larg. Bassin / Basin width (mm)

26,48

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

17,25
Marking

Transpondeur n°



Paint

Metal n°

0823

Oreille / ear

06

Plastic n°

Oreille / ear

color

 Implant yes no
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

 Eurytic

 Poils / Hair

 Leucotic

 Biopsy

 Hematocyte

 TV / Green tube

 Jugal

 TR / Red tube

 Bucal

 Frotti / Blood smear

 Anal


Hemato TV extract: nb: _____ TR extract: nb: _____ Htot: _____ Hematie: _____

Remarques / remarks

 Extraction GB

 Stress


Action pose <input checked="" type="checkbox"/> dépose <input type="checkbox"/>	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	Position: Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° <u>150</u>	Type implant: vienne <input type="checkbox"/> ibutton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
H début/start: _____	H fin/end: _____	Comments: <u>2 pt X, surjet, 3 pt a-yl-</u> <u>RAS</u>		

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:		

<p>Surgery</p> <p>Début: <u>11h10</u></p> <p>Fin: <u>11h30</u></p> <p>Injection: <u># 0,1</u> H: <u>10h40</u></p> <p>Injection: _____ H: _____</p> <p>Anhest. Local (Lurocaïne): <u>11h</u></p> <p>Anti-infl (Metacam): <u>0.02ml</u> H: <u>11:33</u></p> <p>Antibio (Baytril): <u>0.04ml</u> H: <u>11:33</u></p> <p>Desimplantation</p> <p>N° implant sous-cut: <u>/</u></p> <p>N° implant Intra-abdo: <u>/</u></p> <p>Implantation</p> <p>N° implant Intra-abdo: <u>150</u></p> <p>Autres: _____</p>	<p>Stress</p> <p>PS1 <input type="checkbox"/></p> <p>Injection DM: Heure: _____ PS <input type="checkbox"/> Heure: _____</p> <p>Injection ACTH: Heure: _____ PS <input type="checkbox"/> Heure: _____</p> <p>PS <input type="checkbox"/> Heure: _____</p> <p>Comments:</p>
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