

Marmottes Sassièrè/ Marmots Sassièrè

 Date: 01/07/2015

 Time: 12 h 00

 N° fiche/sheet: 259


 Opérateur/ Handling: Colas




 N° individu: 1691

 capture id: 9577

 Territoire: W
 Territory

 Recapture yes
 no

 Statut social
 Dominant
 Sub
 unknown
Measures
 Masse corporelle / Body mass (g) 380
 L. mandibule / Jaw (mm) 45.12
 L. Patte ant. / Forefoot (mm) 39.95
 L. Cubitus / Ulna (mm) 45.72
 L. Patte post. / Hindfoot (mm) 57.56
 L. Tibia (mm) 56.75
 L. TC / Body length (cm) 23
 Larg. Tête zygomatique/ Zygomatic width (mm) 39.55
 Larg. Bassin / Basin width (mm) 28.64
 Dist. Ano-Génitale (cm) (marmotton/pup only) 11.81
Marking
 Transpondeur n°  956000003011000
 Paint
 Metal n° 0941 Oreille / ear 00
 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
 Poils / Hair 1
 Biopsy 1 
 TV / Green tube 0
 TR / Red tube 0
 Frotti / Blood smear 0
 Eurytic
 Leucotic
 Hematocryte
 Jugal
 Bucal 02 
 Anal 1 
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>6h54</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>159</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 x, 1/6, 4 pts n-rs</u> <u>RAS</u> <u>(plus de colle!)</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:
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Surgery

Début: _____
Fin: 21:00

Injection: _____ 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: 159

Autres: _____

Stress

PS1

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

Comments: