

Marmottes Sassièrè/ Marmots Sassièrè

Date: 02/07/2015 Time: 9 h 14 N° fiche/sheet: 351 Opérateur/ Handling: Gohas N° individu: 1693 capture id: 9579

Territoire: Y
Territory

Recapture yes no

Statut social Dominant Sub unknown

Measures

Masse corporelle / Body mass (g) 310 g

L. mandibule / Jaw (mm) 42.77

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. Tête zygomatique/ Zygomatic width (mm) 39.52

Larg. Bassin / Basin width (mm) 25.61

Dist. Ano-Génitale (cm) (marmotton/pup only) 8.55

Marking

Transpondeur n°  956000003042357

Metal n° Ø935 Oreille / ear OP

Plastic n° _____ Oreille / ear _____ color _____

Implant yes no

Paint

Age


0 Marmotton Pup
1 an Yearling

2 ans 2 years old
≥ 3 ans ≥ 3 y

Echantillons / Samples : nbr + étiquette / label

Feces

Poils / Hair

Biopsy 

TV / Green tube

TR / Red tube

Frotti / Blood smear


Eurytic

Leucotic

Hematocryte

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

Action pose <input checked="" type="checkbox"/> dépose <input type="checkbox"/> H début/start: <u>10:01</u>	Implantation id: intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: <u>10:17</u>	Position: Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° <u>161</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:				
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: 10:01
Fin: 10:17
Injection: 4:36 H: 0.1ml
Injection: _____ H: _____
Anhest. Local (Lurocaïne): 0.2
Anti-infl (Metacam): 0.02 H: _____
Antibio (Baytril): 0.09 H: _____

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

Implantation
N° implant Intra-abdo: 161

Autres:

Stress

PS1

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

Comments: