

Marmottes Sassièrè/ Marmots Sassièrè

 Date: 06/07/2015

 Time: 9 h36

 N° fiche/sheet: 366

 Opérateur/ Handling: Cobus

 N° individu: 1705

 capture id: 9593


 Territoire: S
 Territory

 Recapture yes
 no

 Statut social Dominant
 Sub
 unknown
Measures

Masse corporelle / Body mass (g)	<u>315</u>
L. mandibule / Jaw (mm)	<u>62,54</u>
L. Patte ant. / Forefoot (mm)	<u>36,70</u>
L. Cubitus / Ulna (mm)	<u>61,06</u>
L. Patte post. / Hindfoot (mm)	<u>53,86</u>
L. Tibia (mm)	<u>52,38</u>
L. TC / Body length (cm)	<u>20,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>39,26</u>
Larg. Bassin / Basin width (mm)	<u>26,25</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>8,38</u>

Marking

Transpondeur n°		Paint
	<u>956000003010731</u>	
Metal n°	<u>0986</u>	Oreille / ear <u>0b</u>
Plastic n°	<u>/</u>	Oreille / ear <u>/</u> color <u>/</u>
Implant	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	

Age

0 Marmotton <input checked="" type="checkbox"/> Pup	2 ans <input type="checkbox"/> 2 years old
1 an <input type="checkbox"/> Yearling	≥ 3 ans <input type="checkbox"/> ≥ 3 y

Echantillons / Samples : nbr + étiquette / label

Feces <input type="checkbox"/> 0	<input type="radio"/>	Eurytic <input type="checkbox"/> 0
Poils / Hair <input type="checkbox"/> 1	<input type="radio"/>	Leucotic <input type="checkbox"/> 0
Biopsy <input type="checkbox"/> 1	<input type="radio"/>	Hematocyte <input type="checkbox"/> 0
TV / Green tube <input type="checkbox"/> 0	<input type="radio"/>	Jugal <input type="checkbox"/> 0
TR / Red tube <input type="checkbox"/> 0	<input type="radio"/>	Bucal <input type="checkbox"/> 1/4
Frotti / Blood smear <input type="checkbox"/> 0	<input type="radio"/>	Anal <input type="checkbox"/> 1

Statut Repro

Male <input type="checkbox"/>	Scrotal yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>
Female <input checked="" type="checkbox"/>	Allaitante yes <input type="checkbox"/> Lactating no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
	Gestante yes <input type="checkbox"/> Pregnant no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>

 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: _____	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>166</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: <u>12h24</u> Fin: <u>12h40</u> Injection: <u>905 ml</u> H: <u>12:03</u> Injection: _____ H: _____ Anhest. Local (Lurocaïne): <u>0,20</u> Anti-infl (Metacam): <u>0,02</u> H: <u>12h43</u> Antibio (Baytril): <u>0,04</u> H: <u>12h43</u>	Stress PS1 <input type="checkbox"/> Injection DM: Heure: _____ PS <input type="checkbox"/> Heure: _____ Injection ACTH: Heure: _____ PS <input type="checkbox"/> Heure: _____ PS <input type="checkbox"/> Heure: _____
Desimplantation N° implant sous-cut: _____ N° implant Intra-abdo: _____	Comments:
Implantation N° implant Intra-abdo: <u>166</u> <u>12h26</u> Autres: _____	