

Marmottes / Marmots Sassièr

Date: 12/05/2016 Time: 12 h 15 N° fiche / sheet: 2 Opérateur / Handling: SP N° individu: 1563 capture id: 9608

Territoire: Btal Recapture yes no Statut social Dominant Sub unknown

Measures

Masse corporelle / Body mass (g) 3050g
 L. mandibule / Jaw (mm) ~~60.18~~
 L. Patte ant. / Forefoot (mm) 60.18
 L. Cubitus / Ulna (mm) 85.07
 L. Patte post. / Hindfoot (mm) 81.22
 L. Tibia (mm) 98.68
 L. TC / Body length (cm) 45
 Larg. Tête zygomatique / Zygomatic width (mm) 61.44
 Larg. Bassin / Basin width (mm) 65.65
 Dist. Ano-Génitale (cm) (marmotton/pup only)

Transpondeur n° 956 - 3015358 Paint bleu
 Metal n° 0928 Oreille ear G/Left D/Right
 Plastic n° Oreille ear G/Left D/Right color
 Implant yes no download data yes no

Age 0 Marmotton Pup 1 an Yearling 2 ans 2 years old ≥ 3 ans ≥ 3 y

Echantillons / Samples : nbr + étiquette / label

Feces Erythrocytes
 Poils / Hair Leucocytes
 Biopsy Hematocyte
 TV / Green tube Jugal
 TV extact Bucal
 TR / Red tube Anal
 TR extract GB (telomeres)
 Frotti / Blood smear Stress

Statut Repro Male Scrotal yes no unknown
 Female Allaitante Lactating yes no unknown Gestante Pregnant yes no unknown

Hemato Comptages: Ery: ⁵ 4.92 x10⁶ Leuco: 1.02 x10⁶ Hematocrite: 72%

Comments: New metal

Action pose <input type="checkbox"/> retrait <input type="checkbox"/> In Out H début/start: _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> under skin H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	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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Comments:				

Chirurgie/Surgery Début/start: _____ Fin/End: _____ Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anhest. Local (Lurocaïne): _____ Anti-infl (Metacam): _____ Heure / Time: _____ Anlibio (Baytril): _____ Heure / Time: _____	Stress PS0 <input type="checkbox"/> délai : _____ Injection zoolétil: Qté / Qty: _____ Heure / Time: _____ capture delay PS1 <input type="checkbox"/> Heure: _____ Injection DM: Qté / Qty: _____ Heure / Time: _____ Time PS2 <input type="checkbox"/> Heure: _____ Injection ACTH: Qté / Qty: _____ Heure / Time: _____ Time PS3 <input type="checkbox"/> Heure: _____ Time
Desimplantation N° implant sous-cut / under skin: _____ N° implant Intra-abdo: _____ Implantation N° implant Intra-abdo: _____ Autres / Other: _____	Comments: