

# Marmottes / Marmots Sassièrè

Date: 13/05/2016 Time: 14 h 00 N° fiche / sheet: 15 Opérateur / Handling: SP N° individu: 1635 capture id: 9621

Territoire: <u>N2</u> <small>Territory</small>	Recapture yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Statut social Dominant <input type="checkbox"/> Sub <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
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### Measures

Masse corporelle / Body mass (g)	<u>1.675</u>
L. mandibule / Jaw (mm)	<u>59.39</u>
L. Patte ant. / Forefoot (mm)	<u>57.74</u>
L. Cubitus / Ulna (mm)	<u>71.86</u>
L. Patte post. / Hindfoot (mm)	<u>79.25</u>
L. Tibia (mm)	<u>88.12</u>
L. TC / Body length (cm)	<u>38.50</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>55.47</u>
Larg. Bassin / Basin width (mm)	<u>52.23</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>  </u>

### Marking

Transpondeur n° 986 — 3035032

Metal n° 0538 Oreille ear G/Left  D/Right

Plastic n°    Oreille ear G/Left  D/Right  color   

Implant yes  no  download data yes  no

Paint  
rouge

### 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 Lactating yes   
no   
unknown  Gestante Pregnant yes   
no   
unknown

### Hemato

Comptages: Ery: 4,52 x10<sup>5</sup> Leuco: 1,01 x10<sup>6</sup> Hematocrite: 62

Comments:

### Echantillons / Samples : nbr + étiquette / label

Feces <input checked="" type="checkbox"/>	Erythrocytes <input checked="" type="checkbox"/>
Poils / Hair <input checked="" type="checkbox"/>	Leucocytes <input checked="" type="checkbox"/>
Biopsy <input checked="" type="checkbox"/> ○	Hematocyte <input checked="" type="checkbox"/>
TV / Green tube <input checked="" type="checkbox"/> ○ ○	Jugal <input type="checkbox"/> ○
TV extact <input checked="" type="checkbox"/> ○ ○	Bucal <input checked="" type="checkbox"/> ○
TR / Red tube <input checked="" type="checkbox"/> ○ ○	Anal <input checked="" type="checkbox"/> ○
TR extract <input checked="" type="checkbox"/> ○ ○	GB (telomeres) <input checked="" type="checkbox"/> ○
Frotti / Blood smear <input checked="" type="checkbox"/> ○	white blood cells
	Stress <input type="checkbox"/> ○

<b>Action</b> pose <input type="checkbox"/> In retrait <input type="checkbox"/> Out H début/start: _____	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> <i>under skin</i> H fin/end: _____	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	<b>Implant id:</b> n° _____	<b>Type implant:</b> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
<b>Comments:</b>				
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<b>Comments:</b>				

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