

Marmottes / Marmots Sassièrè

Date: 15/05/2016 Time: 16h15 N° fiche / sheet: 40 Opérateur / Handling: Cetras Sylvia N° individu: 1692 capture id: 9646

Territoire: Y Territory

Recapture yes no

Statut social Dominant Sub unknown

Measures

Masse corporelle / Body mass (g) 1075

L. mandibule / Jaw (mm) 56.11

L. Patte ant. / Forefoot (mm) 52.13

L. Cubitus / Ulna (mm) 63.21

L. Patte post. / Hindfoot (mm) 72.97

L. Tibia (mm) 80.85

L. TC / Body length (cm) 32.5

Larg. Tête zygomatique / Zygomatic width (mm) 48.63

Larg. Bassin / Basin width (mm) 44.80

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

Transpondeur n° 956 030 997 04

Metal n° 0837 Oreille ear G/Left D/Right

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

Implant yes no download data yes no

Paint orange

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: x10 Leuco: x10 Hematocrite:

cell count

Comments:

Echantillons / Samples : nbr + étiquette / label

Feces Erythrocytes

Poils / Hair Leucocytes

Biopsy Hematocryte

TV / Green tube Jugal

TV extact Bucal

TR / Red tube Anal

TR extract GB (telomeres) white blood cells

Frotti / Blood smear Stress

Action pose <input type="checkbox"/> In retrait <input checked="" type="checkbox"/> Out H début/start: _____	Implantation id: intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> <i>under skin</i> H fin/end: _____	Position: Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/> neck	Implant id: n° <u>160</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 checked="" type="checkbox"/> In retrait <input type="checkbox"/> Out H début/start: _____	Implantation id: intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> <i>under skin</i> H fin/end: _____	Position: Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/> neck	Implant id: n° <u>175</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"/> In retrait <input type="checkbox"/> Out H début/start: _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> <i>under skin</i> 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:				

Chirurgie/Surgery Début/start: <u>17:03</u> Fin/End: <u>17:22</u> Injection: <u>Zoletil 2.1</u> Heure / Time: <u>16:37</u> Injection: _____ Heure / Time: _____ Anest. Local (Lurocaïne): <u>0.9ml</u> Anti-infl (Metacam): <u>0.08ml</u> Heure / Time: <u>17:26</u> Antibio (Baytril): <u>0.1ml</u> Heure / Time: <u>17:26</u>	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 / <i>under skin</i> : _____ N° implant Intra-abdo: <u>160</u> ✓	Comments:
Implantation N° implant Intra-abdo: <u>175</u>	
Autres / Other: _____	