

Marmottes / Marmots Sassièrè

Date: 18/05/2016 Time: 10h30 N° fiche / sheet: 83 Opérateur / Handling: SP N° individu: 1465 capture id: _____

Territoire: cha?
Territory

Recapture yes no

Statut social Dominant Sub unknown

Measures

Masse corporelle / Body mass (g) 3.150

L. mandibule / Jaw (mm) 67.13

L. Patte ant. / Forefoot (mm) ~~85.64~~ 58.64

L. Cubitus / Ulna (mm) 85.02

L. Patte post. / Hindfoot (mm) 80.38

L. Tibia (mm) 56.75

L. TC / Body length (cm) 43.50

Larg. Tête zygomatique / Zygomatic width (mm) 64.12

Larg. Bassin / Basin width (mm) 63.21

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

Marking

Transpondeur n° 703C2A3
956000003036489 New

Metal n° 0090 Oreille ear G/Left D/Right

Plastic n° 283 new Oreille ear G/Left D/Right color pink

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

Echantillons / Samples : nbr + étiquette / label

Feces

Poils / Hair

Biopsy ○

TV / Green tube ○ ○

TV extact ○ ○

TR / Red tube ○ ○

TR extract ○ ○

Frotti / Blood smear ○

Erythrocytes

Leucocytes

Hematocyte

Jugal ○

Bucal ○

Anal ○

GB (telomeres) ○
white blood cells

Stress

Statut Repro

Male Scrotal yes no unknown

Female Allaitante Lactating yes no unknown

Gestante Pregnant yes no unknown

Hemato

Comptages: Ery: 905 x10⁵ Leuco: 983 x10⁵ Hematocrite: 60%
cell count

Comments: Many wounds around nose & eyes.
Also, one nail is missing on right forefoot.
New plastic ear tag new def

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"/> 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: _____ Antibio (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:	