

Marmottes / Marmots Sassièrè

1516
1616
1104

Date: 18/05/2016 Time: 13 h 30 N° fiche / sheet: 86 Opérateur / Handling: SP N° individu: 1703 capture id: 9693

Territoire: S
Territory

Recapture yes no

Statut social Dominant Sub unknown

Measures

Masse corporelle / Body mass (g) 900

L. mandibule / Jaw (mm) 52,28

L. Patte ant. / Forefoot (mm) 49,53

L. Cubitus / Ulna (mm) 59,15

L. Patte post. / Hindfoot (mm) 67,77

L. Tibia (mm) 75,78

L. TC / Body length (cm) 31,0

Larg. Tête zygomatique / Zygomatic width (mm) 46,67

Larg. Bassin / Basin width (mm) 40,36

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

Marking

Transpondeur n° 956 - 3011315

Metal n° 0948 *New* Oreille ear G/Left D/Right

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

Implant yes no download data yes no

Paint 1 green

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: cell count Ery: 1,02 x10⁶ Leuco: 207 x10⁵ Hematocrite: ✓

Comments:
New metal

Echantillons / Samples : nbr + étiquette / label

Feces Erythrocytes 1

Poils / Hair Leucocytes 1

Biopsy Hematocryte N

TV / Green tube Jugal 0

TV extact Bucal 1

TR / Red tube Anal 1

TR extract GB (telomeres) 1
white blood cells

Frotti / Blood smear Stress 0

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>164</u>	Type implant: viene <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>184</u>	Type implant: viene <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: viene <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>14:42</u> Fin/End: <u>15:00</u> Injection: <u>zekt 0,14ml</u> Heure / Time: <u>14h08</u> Injection: _____ Heure / Time: _____ Anest. Local (Lurocaïne): <u>1ml</u> Anti-infl (Metacam): <u>0,06</u> Heure / Time: <u>15:02</u> Antibio (Baytril): <u>0,10</u> Heure / Time: <u>15:02</u>	Stress PS0 <input type="checkbox"/> capture délai : _____ Injection zoolétil: Qté / Qty: _____ Heure / Time: _____ PS1 <input type="checkbox"/> Heure: _____ Injection DM: Qté / Qty: _____ Heure / Time: _____ PS2 <input type="checkbox"/> Heure: _____ Injection ACTH: Qté / Qty: _____ Heure / Time: _____ PS3 <input type="checkbox"/> Heure: _____ Time
Desimplantation N° implant sous-cut / <i>under skin</i> : _____ N° implant Intra-abdo: _____ Implantation N° implant Intra-abdo: _____ Autres / Other: _____	Comments: