

# Marmottes / Marmots Sassièr

4720-150 = 3250

Date: 2005/20/16 Time: 16 h 15 N° fiche / sheet: 94 Opérateur / Handling: VV N° individu: 1598 capture id: 9701

Territoire: <u>CE</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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<b>Measures</b> Masse corporelle / Body mass (g) <u>3750</u> L. mandibule / Jaw (mm) <u>68.39</u> L. Patte ant. / Forefoot (mm) <u>63.63</u> L. Cubitus / Ulna (mm) <u>88.19</u> L. Patte post. / Hindfoot (mm) <u>87.58</u> L. Tibia (mm) <u>99.80</u> L. TC / Body length (cm) <u>47.00</u> Larg. Tête zygomatique / Zygomatic width (mm) <u>65.77</u> Larg. Bassin / Basin width (mm) <u>67.66</u> Dist. Ano-Génitale (cm) (marmotton/pup only) <u>/</u>	Transpondeur n° <u>956-30127609</u> Metal n° <u>563</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/> Plastic n° <u>/</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input checked="" type="checkbox"/> color <u>/</u> Implant yes <input type="checkbox"/> no <input checked="" type="checkbox"/> download data yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
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<b>Marking</b>	Paint + <u>yellow</u>
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<b>Age</b>	0 Marmotton <input type="checkbox"/> Pup 1 an <input type="checkbox"/> Yearling 2 ans <input checked="" type="checkbox"/> 2 years old ≥ 3 ans <input type="checkbox"/> ≥ 3 y
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<b>Echantillons / Samples : nbr + étiquette / label</b>	
Feces <input checked="" type="checkbox"/> Poils / Hair <input checked="" type="checkbox"/> Biopsy <input checked="" type="checkbox"/> <input type="checkbox"/> TV / Green tube <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TV extact <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TR / Red tube <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TR extract <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Frotti / Blood smear <input checked="" type="checkbox"/> <input type="checkbox"/>	Erythrocytes <input checked="" type="checkbox"/> Leucocytes <input checked="" type="checkbox"/> Hematocyte <input checked="" type="checkbox"/> Jugal <input checked="" type="checkbox"/> <input type="checkbox"/> Bucal <input checked="" type="checkbox"/> <input type="checkbox"/> Anal <input checked="" type="checkbox"/> <input type="checkbox"/> GB (telomeres) <input checked="" type="checkbox"/> <input type="checkbox"/> <small>white blood cells</small> Stress <input type="checkbox"/>

<b>Statut Repro</b>	Male <input checked="" type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/> Female <input checked="" type="checkbox"/> Allaitante Lactating yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/> Gestante Pregnant yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
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<b>Hemato</b>	Comptages: Ery: <u>117</u> x10 <sup>6</sup> Leuco: <u>346</u> x10 <sup>5</sup> Hematocrite: <u>25%</u> <small>cell count</small>
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**Comments:**

<b>Action</b> pose <input type="checkbox"/> retraits <input type="checkbox"/> In Out H début/start: _____	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> under skin 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>				
<b>Action</b> pose <input type="checkbox"/> retraits <input type="checkbox"/> In Out H début/start: _____	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> under skin 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>				
<b>Action</b> pose <input type="checkbox"/> retraits <input type="checkbox"/> In Out H début/start: _____	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> under skin 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>				

**Chirurgie/Surgery**

Début/start: \_\_\_\_\_

Fin/End: \_\_\_\_\_

Injection: \_\_\_\_\_ Heure / Time: \_\_\_\_\_

Injection: \_\_\_\_\_ Heure / Time: \_\_\_\_\_

Anest. Local (Lurocaïne): \_\_\_\_\_

Anti-infl (Metacam): \_\_\_\_\_ Heure / Time: \_\_\_\_\_

Antibio (Baytril): \_\_\_\_\_ Heure / Time: \_\_\_\_\_

**Desimplantation**

N° implant sous-cut / under skin: \_\_\_\_\_

N° implant Intra-abdo: \_\_\_\_\_

**Implantation**

N° implant Intra-abdo: \_\_\_\_\_

Autres / Other: \_\_\_\_\_

**Stress**

PS0  délai : \_\_\_\_\_ Injection zoolétil: Qté / Qty: \_\_\_\_\_ Heure / Time: \_\_\_\_\_  
capture delay

PS1  Heure: \_\_\_\_\_ Injection DM: Qté / Qty: \_\_\_\_\_ Heure / Time: \_\_\_\_\_  
Time

PS2  Heure: \_\_\_\_\_ Injection ACTH: Qté / Qty: \_\_\_\_\_ Heure / Time: \_\_\_\_\_  
Time

PS3  Heure: \_\_\_\_\_  
Time

**Comments:**