

# Marmottes / Marmots Sassièrè

4700 - 1500 = 3,26 → 4.89  
(4.6)

Date: 20/05/2016 Time: 09 h 30 N° fiche / sheet: 113 Opérateur / Handling: VV N° individu: 1300 capture id: 3719

**Territoire:** Y  
Territory

**Recapture** yes  no

**Statut social** Dominant  Sub  unknown

**Measures**

Masse corporelle / Body mass (g) 375

L. mandibule / Jaw (mm) 69,31

L. Patte ant. / Forefoot (mm) 63,34

L. Cubitus / Ulna (mm) 89,27

L. Patte post. / Hindfoot (mm) 85,50

L. Tibia (mm) 101,54

L. TC / Body length (cm) 4600

Larg. Tête zygomatique / Zygomatic width (mm) 69,59

Larg. Bassin / Basin width (mm) 68,73

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


**Marking**

Transpondeur n° 956-3044528

Metal n° ~~4965~~ New Oreille ear G/Left  D/Right

Plastic n° 3 Oreille ear G/Left  D/Right  color Blanc

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 Sans

**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 checked="" 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"/> ○<br><i>white blood cells</i> |
| Frotti / Blood smear <input checked="" type="checkbox"/> ○ | Stress <input type="checkbox"/>  |

**Statut Repro**

Male  Scrotal yes  no  unknown

Female  Allaitante Lactating yes  no  unknown  Gestante Pregnant yes  no  unknown

**Hemato**

Comptages: Ery: 9,22 x10<sup>5</sup> Leuco: 4,52 x10<sup>5</sup> Hematocrite:           

*cell count*

**Comments:** New Metal. 10ent du bas cassé  
Patte avant gauche abimé, enflée-

|   |   |  |                                     |   |
|---|---|--|-------------------------------------|---|
| <b>Action</b><br>pose <input type="checkbox"/> In    retraits <input checked="" type="checkbox"/> Out<br>H début/start: _____ | <b>Implantation id:</b><br>intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> <i>under skin</i><br>H fin/end: _____ | <b>Position:</b><br>Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/> neck | <b>Implant id:</b><br>n° <u>141</u> | <b>Type implant:</b><br>vienne <input type="checkbox"/> ibutton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/> |
| <b>Comments:</b>  |   |  |                                     |   |
| <b>Action</b><br>pose <input checked="" type="checkbox"/> In    retraits <input type="checkbox"/> Out<br>H début/start: _____ | <b>Implantation id:</b><br>intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> <i>under skin</i><br>H fin/end: _____ | <b>Position:</b><br>Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/> neck | <b>Implant id:</b><br>n° <u>192</u> | <b>Type implant:</b><br>vienne <input type="checkbox"/> ibutton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/> |
| <b>Comments:</b>  |   |  |                                     |   |
| <b>Action</b><br>pose <input type="checkbox"/> In    retraits <input type="checkbox"/> Out<br>H début/start: _____            | <b>Implantation id:</b><br>intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> <i>under skin</i><br>H fin/end: _____            | <b>Position:</b><br>Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck            | <b>Implant id:</b><br>n° _____      | <b>Type implant:</b><br>vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>            |
| <b>Comments:</b>  |   |  |                                     |   |

|  |  |
|--|--|
| <b>Chirurgie/Surgery</b><br>Début/start: <u>10:43</u><br>Fin/End: <u>11:07</u><br>Injection: <u>Zol 4,8</u> Heure / Time: <u>10:00</u><br>Injection: _____    Heure / Time: _____<br>Anest. Local (Lurocaïne): <u>1ml</u><br>Anti-infl (Metacam): <u>0,35</u> Heure / Time: <u>10:35</u><br>Antibio (Baytril): <u>0,55</u> Heure / Time: _____ | <b>Stress</b><br>PS0 <input type="checkbox"/> délai : _____    Injection zoolétil:    Qté / Qty: _____    Heure / Time: _____<br>capture    delay<br>PS1 <input type="checkbox"/> Heure: _____    Injection DM:    Qté / Qty: _____    Heure / Time: _____<br>Time<br>PS2 <input type="checkbox"/> Heure: _____    Injection ACTH:    Qté / Qty: _____    Heure / Time: _____<br>Time<br>PS3 <input type="checkbox"/> Heure: _____<br>Time |
| <b>Desimplantation</b><br>N° implant sous-cut / <i>under skin</i> : _____<br>N° implant Intra-abdo: <u>141</u>   | <b>Comments:</b>   |
| <b>Implantation</b><br>N° implant Intra-abdo: <u>192</u>   |  |
| Autres / Other: _____  |  |

grosses  
car  
enflé  
/ inflammé  
(patte)