

# Marmottes / Marmots Sassièrè

Date: 25 / 5 / 20 Time: 16 h 30 N° fiche / sheet: 155 Opérateur / Handling: SP N° individu: 1685 capture id: 9762

**Territoire:** BEAC  
Territory

**Recapture** yes  no

**Statut social** Dominant  Sub  unknown

**Measures**

Masse corporelle / Body mass (g) 1600

L. mandibule / Jaw (mm) 58,82

L. Patte ant. / Forefoot (mm) 54,09

L. Cubitus / Ulna (mm) 69,70

L. Patte post. / Hindfoot (mm) 75,10

L. Tibia (mm) 87,56

L. TC / Body length (cm) 38,00

Larg. Tête zygomatique / Zygomatic width (mm) 53,80

Larg. Bassin / Basin width (mm) 49,04

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

**Marking**

Transpondeur n° 956 — 3028587

Metal n° 0957 Oreille ear G/Left  D/Right

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

Implant yes  no  download data yes  no

Paint Red

**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: 896 x10<sup>5</sup> Leuco: 531 x10<sup>5</sup> Hematocrite: ✓

cell count

**Comments:**

**Echantillons / Samples : nbr + étiquette / label**

Feces  0

Poils / Hair  1

Biopsy  1

TV / Green tube  1

TV extact  2

TR / Red tube  1

TR extract  1

Frotti / Blood smear  1

Erythrocytes  1

Leucocytes  1

Hematocryte  1

Jugal  0

Bucal  1

Anal  1

GB (telomeres)  1  
white blood cells

Stress  0

<b>Action</b> pose <input type="checkbox"/> retrait <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> vienné <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"/> retrait <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> vienné <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"/> retrait <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> vienné <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: \_\_\_\_\_

Anhest. 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:**