

# Marmottes / Marmots Sassièr

Date: 98/05/2016 Time: 18 h 00 N° fiche / sheet: 210 Opérateur / Handling: SP N° individu: 1439 capture id: 9815

**Territoire:** E Adak  
Territory

**Recapture** yes  no

**Statut social** Dominant  Sub  unknown

**Measures**

Masse corporelle / Body mass (g) 3750

L. mandibule / Jaw (mm) 68,97

L. Patte ant. / Forefoot (mm) 58,56

L. Cubitus / Ulna (mm) 92,57

L. Patte post. / Hindfoot (mm) 80,10

L. Tibia (mm) 106,89

L. TC / Body length (cm) 48,0

Larg. Tête zygomatique / Zygomatic width (mm) 67,59

Larg. Bassin / Basin width (mm) 69,69

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


**Marking**

Transpondeur n° 956 - 3042434

Metal n° 0093 Oreille ear G/Left  D/Right

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

Implant yes  no  download data yes  no

Paint  new orange

**Age**

0 Marmotton  Pup  
1 an  Yearling

2 ans  2 years old  
≥ 3 ans  ≥ 3 y

**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"/> ○	Hematocryte <input checked="" type="checkbox"/>
TV / Green tube <input checked="" type="checkbox"/> ○ ○	Jugal <input type="checkbox"/> ○
TV extact <input checked="" type="checkbox"/> ○ ○	Bucal <input type="checkbox"/> ○
TR / Red tube <input checked="" type="checkbox"/> ○ ○	Anal <input type="checkbox"/> ○
TR extract <input checked="" type="checkbox"/> ○ ○	GB (telomeres) <input checked="" type="checkbox"/> ○
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: 9,97 x10<sup>5</sup> Leuco: 2,23 x10<sup>5</sup> Hematocrite: 64%  
cell count

**Comments:** vient de Etalos  
blessee sur museau  
new dominant?

<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>				

<b>Chirurgie/Surgery</b> Début/start: _____ Fin/End: _____ Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anhest. Local (Lurocaïne): _____ Anti-infl (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____	<b>Stress</b> 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
<b>Desimplantation</b> N° implant sous-cut / under skin: _____ N° implant Intra-abdo: _____ <b>Implantation</b> N° implant Intra-abdo: _____ Autres / Other: _____	<b>Comments:</b>