

Marmottes / Marmots Sassièrè

Date: 03/06/2016 Time: 13h00 N° fiche / sheet: 263 Opérateur / Handling: SP N° individu: 1671 capture id: 9901

Territoire: E
Territory

Recapture yes no

Statut social Dominant Sub unknown

Measures

Masse corporelle / Body mass (g) 2025

L. mandibule / Jaw (mm) 56,88

L. Patte ant. / Forefoot (mm) 56,82

L. Cubitus / Ulna (mm) 72,32

L. Patte post. / Hindfoot (mm) 78,46

L. Tibia (mm) 90,39

L. TC / Body length (cm) 38,0

Larg. Tête zygomatique / Zygomatic width (mm) 56,73

Larg. Bassin / Basin width (mm) 50,69

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

Transpondeur n° 3030702

Metal n° 0867 Oreille ear G/Left D/Right

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

Implant yes no download data yes no

Paint blue

Age 0 Marmotton Pup 1 an Yearling 2 ans 2 years old ≥ 3 ans ≥ 3 y

Echantillons / Samples : nbr + étiquette / label

Feces Erythrocytes

Poils / Hair Leucocytes

Biopsy Hematocyte

TV / Green tube Jugal

TV extact Bucal

TR / Red tube Anal

TR extract GB (telomeres)
white blood cells

Frotti / Blood smear Stress

Statut Repro Male Scrotal yes no unknown

Female Allaitante Lactating yes no unknown Gestante Pregnant yes no unknown

Hemato Comptages: Ery: 8,96 x10⁵ Leuco: 397 x10⁵ Hematocrite: 51%

cell count

Comments:

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

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 : _____
capture delay

Injection zoolétit: Qté / Qty: _____ Heure / Time: _____

PS1 Heure: _____
Time

Injection DM: Qté / Qty: _____ Heure / Time: _____

PS2 Heure: _____
Time

Injection ACTH: Qté / Qty: _____ Heure / Time: _____

PS3 Heure: _____
Time

Comments: