

# Marmottes / Marmots Sassièrè

*Capture*

Date: 23 / 06 / 2016

Time: 8 h02

N° fiche / sheet: 286

Opérateur / Handling: SP

N° individu: 1713

capture id: 9925

|  |   |   |
|--|---|---|
| Territoire: <u>E telva</u><br><small>Territory</small> | Recapture<br>yes <input type="checkbox"/><br>no <input checked="" type="checkbox"/> | Statut social<br>Dominant <input type="checkbox"/><br>Sub <input checked="" type="checkbox"/><br>unknown <input type="checkbox"/> |
|--|---|---|

**Measures**

|   |              |
|---|--------------|
| Masse corporelle / Body mass (g)              | <u>365</u>   |
| L. mandibule / Jaw (mm)                       | <u>42.11</u> |
| L. Patte ant. / Forefoot (mm)                 | <u>40.41</u> |
| L. Cubitus / Ulna (mm)                        | <u>42.90</u> |
| L. Patte post. / Hindfoot (mm)                | <u>54.46</u> |
| L. Tibia (mm)                                 | <u>54.33</u> |
| L. TC / Body length (cm)                      | <u>22</u>    |
| Larg. Tête zygomatique / Zygomatic width (mm) | <u>40.49</u> |
| Larg. Bassin / Basin width (mm)               | <u>26.50</u> |
| Dist. Ano-Génitale (cm) (marmotton/pup only)  | <u>11.28</u> |

|                |   |   |
|----------------|---|---|
| <b>Marking</b> | Transpondeur n° <u>956000003045551</u>                                      | Paint   |
|                | Metal n° <u>0973</u>  | Oreille ear<br>G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/>                  |
|                | Plastic n° <del>          </del>  | Oreille ear<br>G/Left <input type="checkbox"/> D/Right <input type="checkbox"/> color <del>          </del> |
|                | Implant yes <input type="checkbox"/> no <input checked="" type="checkbox"/> | download data yes <input type="checkbox"/> no <input checked="" type="checkbox"/>                           |

|            |   |  |
|------------|---|--|
| <b>Age</b> | 0 Marmotton <input checked="" type="checkbox"/> PUP | 2 ans <input type="checkbox"/> 2 years old |
|            | 1 an <input type="checkbox"/> Yearling              | ≥ 3 ans <input type="checkbox"/> ≥ 3 y     |

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

|  |   |
|--|---|
| Feces <input 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 type="checkbox"/> ○ ○               | Jugal <input type="checkbox"/> ○ ○  |
| TV extract <input type="checkbox"/> ○ ○                    | Bucal <input checked="" type="checkbox"/> ○ ○                                   |
| TR / Red tube <input type="checkbox"/> ○ ○                 | Anal <input checked="" type="checkbox"/> ○ ○                                    |
| TR extract <input type="checkbox"/> ○ ○                    | GB (telomeres) <input type="checkbox"/> ○ ○<br><small>white blood cells</small> |
| Frotti / Blood smear <input checked="" type="checkbox"/> ○ | Stress <input type="checkbox"/> <input checked="" type="checkbox"/>             |

|                     |  |   |
|---------------------|--|---|
| <b>Statut Repro</b> | Male <input type="checkbox"/>              | Scrotal yes <input type="checkbox"/><br>no <input type="checkbox"/><br>unknown <input type="checkbox"/>                         |
|                     | Female <input checked="" type="checkbox"/> | Allaitante Lactating yes <input type="checkbox"/><br>no <input checked="" type="checkbox"/><br>unknown <input type="checkbox"/> |
|                     |  | Gestante Pregnant yes <input type="checkbox"/><br>no <input checked="" type="checkbox"/><br>unknown <input type="checkbox"/>    |

**Hemato** Comptages: Ery: 1.02 x10<sup>6</sup> Leuco: 2.23 x10<sup>5</sup> Hematocrite: 75%  
cell count

**Comments:**

|   |  |   |                                |   |
|---|--|---|--------------------------------|---|
| <b>Action</b><br>pose <input type="checkbox"/> In    retrait <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>viene <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><br>pose <input type="checkbox"/> In    retrait <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>viene <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><br>pose <input type="checkbox"/> In    retrait <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>viene <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 : 23'    Injection zoolétil:    Qté / Qty: 0.1    Heure / Time: 10h<sup>10</sup>  
capture    delay

PS1  Heure: 10h<sup>25</sup>    Injection DM: IV    Qté / Qty: 0.360    Heure / Time: 10h<sup>29</sup>  
Time

PS2  Heure: 12h<sup>29</sup>    Injection ACTH:    Qté / Qty: 0.18    Heure / Time: 12h<sup>31</sup>  
Time

PS3  Heure: 13:32  
Time

**Comments:**