

Marmottes / Marmots Sassièrè

Date: 05/07/2016 Time: 12 h 04 N° fiche / sheet: 386 Opérateur / Handling: SP N° individu: 1332 capture id: 10024

Territoire: Fac
Territory

Recapture yes no

Statut social Dominant Sub unknown

Measures

Masse corporelle / Body mass (g) 4,745

L. mandibule / Jaw (mm) 72,64

L. Patte ant. / Forefoot (mm) 62,65

L. Cubitus / Ulna (mm) 95,01

L. Patte post. / Hindfoot (mm) 86,35

L. Tibia (mm) 112,30

L. TC / Body length (cm) 51,5

Larg. Tête zygomatique / Zygomatic width (mm) 70,33

Larg. Bassin / Basin width (mm) 72,25

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

Transpondeur n° 956 — 3033566

Metal n° 0883 Oreille ear G/Left D/Right

Plastic n° 323 Oreille ear G/Left D/Right color vert clair

Implant yes no download data yes no

Paint

Age 0 Marmotton Pup 1 an Yearling 2 ans 2 years old ≥ 3 ans 5 ≥ 3 y

Statut Repro Male Scrotal yes no unknown

Female Allaitante Lactating yes no unknown Gestante Pregnant yes no unknown

Hemato Comptages: cell count Ery: 1,06x10⁶ Leuco: 6,70x10⁵ Hematocrite: 63%

Comments: ca

Echantillons / Samples : nbr + étiquette / label

Feces

Poils / Hair

Biopsy

TV / Green tube

TV extract 9

TR / Red tube

TR extract 1

Frotti / Blood smear

Erythrocytes

Leucocytes

Hematocyte

Jugal 1

Bucal 1

Anal 1

GB (telomeres)
white blood cells

Stress

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: vienne <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 : _____ Injection zolétitil: 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: