

Marmottes / Marmots Sassièrè

Date: 18/05/2017 Time: 10h48 N° fiche / sheet: 1 Opérateur / Handling: SP N° individu: 1175 capture id: 10011

Territoire: G Recapture: yes no
 Statut social: Dominant Sub unknown

Transpondeur n° 956 — 3040389 Paint Blu
 Metal n° Ø272 Orelle ear G/Left D/Right
 Plastic n° _____ Orelle ear G/Left D/Right color _____
 Implant yes no

Age: 0 Marmotton PUP 1 an Yearling 2 ans 2 years old 2-3 y 4ans

Statut Repro: Male Scrotal yes no unknown
 Female Allaitante yes no unknown
 Lactating Gestante yes no unknown
 Pregnant

Hemato: Comptages: Ery: 8.57 x10⁵ Leuco: 5.03 x10⁵ Hematocrite: 0 ✓
 cell count: Hist: _____ Hématies: _____

Comments: 2015 capturé en Collet. vient de 3040389. bague métal rouge
Reprises mandibule de 2 côtés. Nécessité à vérifier

Measures: Masse corporelle / Body mass (g) 3850g
 L. mandibule / Jaw (mm) 65.94g
 L. Patte ant. / Forefoot (mm) 61.56g
 L. Cubitus / Ulna (mm) 74.82g
 L. Patte post. / Hindfoot (mm) 83.33g
 L. Tibia (mm) 101.9g
 L. TC / Body length (cm) 47
 Larg. Tête zygomatique/ Zygomatic width (mm) 64.9g
 Larg. Bassin / Basin width (mm) 69.6g
 Dist. Ano-Génitale (cm) (marmotton/pup only) _____

Echantillons / Samples : nbr + étiquette / label
 Feces 2
 Poils / Hair 1
 Biopsy 1
 TV / Green tube 2
 TV extract 2
 TR / Red tube 1
 TR extract 1
 Frotti / Blood smear 1

Erythrocytes 1
 Leucocytes 1
 Hematocyte 1
 Jugal 1
 Bucal 1
 Anal 1
 GB (telomeres) 1
 white blood cells
 Sticks 1
Bacteria

Action pose <input type="checkbox"/> In retrait <input type="checkbox"/> 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 Comments:	Implant id: n° _____ Type implant: vienn <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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Chirurgie/Surgery Debut/start: _____ Fin/End: _____ Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anest. Local (Lurocaino): _____ Heure / Time: _____ Anti-infl (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____			
Stress PS0 <input type="checkbox"/> délai: _____ capture delay PS1 <input type="checkbox"/> Heure: _____ Time PS2 <input type="checkbox"/> Heure: _____ Time PS3 <input type="checkbox"/> Heure: _____ Time			
Comments:			
Desimplantation N° implant sous-cut / under skin: N° implant Intra-abdo: Implantation N° implant Intra-abdo: Autres / Other:			