

Marmottes / Marmots Sassièrè

Date: 8/05/2017 Time: 13h34 N° fiche / sheet: 2 Opérateur / Handling: ST N° individu: 1102 capture id: 10045

Territoire: F Recapture  yes  no  
 Statut social Dominant  Sub  unknown

Transpondeur n° 956-3009486  
 Metal n° 4535 Orelle  Gl/ear  D/Right   
 Plastic n° 84 Orelle  Gl/ear  D/Right  color Bleue  
 Implant  yes  no   
 Paint Jaune

Age 0 Marmotton  Pup  1 an  Yearling  2 ans  2 years old  2-3 y 8ans

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

Hemato Comptages: Ery: 8.07 x10<sup>5</sup> Leuco: 4.32 x10<sup>5</sup> Hematocrite: 46%  
 cell count Hior: \_\_\_\_\_ Hematites: \_\_\_\_\_

Comments: Régime alimentaire -> New Banque férid

Measures Masse corporelle / Body mass (g) 3500g  
 L. mandibule / Jaw (mm) 77.14  
 L. Patte ant. / Forefoot (mm) 66.10  
 L. Cubitus / Ulna (mm) 89.39  
 L. Patte post. / Hindfoot (mm) 48.22  
 L. Tibia (mm) 95.66  
 L. TC / Body length (cm) 48  
 Larg. Tête zygomatique/ Zygomatic width (mm) 70.79  
 Larg. Bassin / Basin width (mm) 72.08  
 Dist. Ano-Génitale (cm) (marmotton/pup only) ✓

Echantillons / Samples : nbr + étiquette / label  
 Feces  2 Erythrocytes   
 Poils / Hair  1 Leucocytes   
 Biopsy  1 Hematocyte   
 TV / Green tube  1 Jugal   
 TV extract  2 Bucal   
 TR / Red tube  1 Anal   
 TR extract  1 GB (telomeres)   
 white blood cells   
 Frotti / Blood smear  1 Bactérie Stress

<b>Action</b> <input type="checkbox"/> pose In <input type="checkbox"/> retrait Out H début/start: _____	<b>Implantation id:</b> <input type="checkbox"/> intra-abdo <input type="checkbox"/> ss-cut <small>under skin</small> H fin/end: _____	<b>Position:</b> <input type="checkbox"/> Abdo <input type="checkbox"/> cou neck <b>Comments:</b>	<b>Implant id:</b> n° _____	<b>Type implant:</b> <input type="checkbox"/> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L
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<b>Chirurgie/Surgery</b>				
Début/start: _____ Fin/End: _____	Injection: _____ Heure / Time: _____ Heure / Time: _____	Anest. Local (Lurocaino): _____ Anti-infl (Metacam): _____ Antibio (Baytril): _____	Injection zoatétil: _____ Infection DM: _____ Infection ACTH: _____	Qté / Qty: _____ Qté / Qty: _____ Qté / Qty: _____ Heure / Time: _____ Heure / Time: _____ Heure / Time: _____
<b>Stress</b>				
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				
<b>Desimplantation</b>				
N° implant sous-cut / under skin: _____				
N° implant Intra-abdo: _____				
<b>Implantation</b>				
N° implant Intra-abdo: _____				
<b>Autres / Other:</b>				
<b>Comments:</b>				