

Marmottes / Marmots Sassièrè

Date: 18/05/2017 Time: 15h35 N° fiche / sheet: 5 Opérateur / Handling: SP N° individu: 4768 capture id: 10048

Territoire: ~~Steller~~ Steller Territoire

Recapture: yes no

Statut social: Dominant Sub unknown

Transpondeur n° 356-3034517

Metal n° φ 727 Oreille G/Left D/Right

Plastic n° _____ Oreille G/Left D/Right color _____

Implant yes no

Paint: dark, medium, orange

Age: 0 Marmotton PUP Yearling

2 ans 2 years old 2-3y

Male Scrotal yes no unknown

Female Allaitante yes no unknown

Gestante Pregnant yes no unknown

Hemato: Comptages: Ery: 834 x10⁵ Leuco: 2.09 x10⁵ Hematocrite: 9.547

cell count: Hiot: _____ Hématies: _____

Comments: Capture en Châlet Bas

Measures

Masse corporelle / Body mass (g) 1900

L. mandibule / Jaw (mm) 56.46

L. Patte ant. / Forefoot (mm) 51.94

L. Cubitus / Ulna (mm) 69.71

L. Patte post. / Hindfoot (mm) 78.94

L. Tibia (mm) 86.38

L. TC / Body length (cm) 40.0

Larg. Tête zygomatique/ Zygomatic width (mm) 53.42

Larg. Bassin / Basin width (mm) 50.38

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

Echantillons / Samples : nbr + étiquette / label

Feces Erythrocytes

Poils / Hair Leucocytes

Biopsy Hematocyte

TV / Green tube Jugal

TV extract Bucal

TR / Red tube Anal

TR extract GB (telomeres)

Froth / Blood smear white blood cells

Stress

Action <input type="checkbox"/> pose In <input type="checkbox"/> retrait Out H début/start: _____	Implantation id: <input type="checkbox"/> intra-abdo <input type="checkbox"/> ss-cut under skin H fin/end: _____	Position: <input type="checkbox"/> Abdo <input type="checkbox"/> cou neck Comments:	Implant id: n° _____	Type implant: <input type="checkbox"/> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L
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Chirurgie/Surgery				
Stress Début/start: _____ Fin/End: _____ Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anest. Local (Lurocaïne): _____ Heure / Time: _____ Anti-infl (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____				
PS0 <input type="checkbox"/> délai: _____ Injection zoolétil: _____ Qté / Qty: _____ Heure / Time: _____ capture delay PS1 <input type="checkbox"/> Heure: _____ Injection DM: _____ Qté / Qty: _____ Heure / Time: _____ Time PS2 <input type="checkbox"/> Heure: _____ Injection ACTH: _____ Qté / Qty: _____ Heure / Time: _____ 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: _____				