

Marmottes / Marmots Sassièrè

Date: 19/05/2017 Time: 15h00 N° fiche / sheet: 10 Opérateur / Handling: SP N° individu: 1785 capture id: 10053

Territoire: Z Recapture yes no

Statut social: Dominant Sub unknown

Transpondeur n° 956-3008906 Paint +

NEW Metal n° 0233 Oreille G/left D/Right color orange

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

Implant yes no download data yes no

Measures

Masse corporelle / Body mass (g) 1 kg

L. mandibule / Jaw (mm) 48,46

L. Patte ant. / Forefoot (mm) 47,01

L. Cubitus / Ulna (mm) 58,26

L. Patte post. / Hindfoot (mm) 63,18

L. Tibia (mm) 33,09

L. TC / Body length (cm) 32,5

Larg. Tête zygomatique/ Zygomatic width (mm) 47,7

Larg. Bassin / Basin width (mm) 43,34

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

Age

0 Marmotton PUP 1 an Yearling

2 ans 2 years old

≥ 3 ans ≥ 3 y

Echantillons / Samples : nbr + étiquette / label

Feces

Poils / Hair

Biopsy

TV / Green tube

TV extract

TR / Red tube

TR extract

Froth / Blood smear

Erythrocytes

Leucocytes

Hematocyte

Jugal

Bucal

Anal

GB (telomeres) white blood cells

Stress

Statut Repro

Male Scrotal yes no unknown

Female Allaitante Lactating yes no unknown

Gestante Pregnant yes no unknown

Hemato

Comptages: Ery: 1,11 x10⁶ Leuco: 120 x10⁵ Hematocrite: 0,56

cell count

Comments: ca New - Analyse metiel

Action <input type="checkbox"/> pose In <input checked="" type="checkbox"/> retrait Out H début/start: _____	Implantation id: <input checked="" type="checkbox"/> intra-abdo <input type="checkbox"/> ss-cut under skin H fin/end: _____	Position: <input checked="" type="checkbox"/> Abdo <input type="checkbox"/> cou neck Comments:	Implant id: n° <u>214</u>	Type implant: viennne <input type="checkbox"/> ibutton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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: viennne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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: viennne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Chirurgie/Surgery Début/start: <u>16h07</u> Fin/End: <u>16h27</u> Injection: <u>Zolétil 2/6</u> Heure / Time: <u>15h40</u> Injection: _____ Heure / Time: _____ Anest. Local (Lurocaine): <u>4 ml</u> Heure / Time: <u>16h32</u> Anti-infl (Metacam): <u>0.6</u> Heure / Time: <u>16h32</u> Antibio (Baytril): <u>0.1</u> Heure / Time: _____				
Stress PS0 <input type="checkbox"/> délai : _____ Injektion zolétil: _____ Qté / Qty: _____ Heure / Time: _____ capture PS1 <input type="checkbox"/> Heure: _____ Injektion DM: _____ Qté / Qty: _____ Heure / Time: _____ Time PS2 <input type="checkbox"/> Heure: _____ Injektion 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: _____				