

Marmottes / Marmots Sassièrè

Date: 19/05/2017 Time: 17h 15 N° fiche / sheet: 13 Opérateur / Handling: SP N° individu: 1645 capture id: 10088

Territoire: F Recapture: yes no
 Territory: F no social Dominant Sub unknown

Measures
 Masse corporelle / Body mass (g) 3610g
 L. mandibule / Jaw (mm) 65,63
 L. Patte ant. / Forefoot (mm) 58,47
 L. Cubitus / Ulna (mm) 87,84
 L. Patte post. / Hindfoot (mm) 84,66
 L. Tibia (mm) 100,44
 L. TC / Body length (cm) 47,5
 Larg. Tête zygomatique/ Zygomatic width (mm) 82,56
 Larg. Bassin / Basin width (mm) 60,36
 Dist. Ano-Génitale (cm) (marmotton/pup only) ✓

Transpondeur n° 356-3022702 Paint Jaune
 Metal n° 02944 Orelle G/Left D/Right
 Plastic n° _____ Orelle G/Left D/Right color _____
 Implant yes no download data yes no

Echantillons / Samples : nbr + étiquette / label
 Feces 2 Erythrocytes 1
 Poils / Hair 2 Leucocytes 1
 Biopsy 1 Hematocryte 1
 TV / Green tube 1 Jugal 1
 TV extract 2 Bucal 1
 TR / Red tube 1 Anal 1
 TR extract 1 GB (telomeres) 1
 Frotti / Blood smear 1 white blood cells 0
 Stress 1

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

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

Hemato: Comptages: Ery: 110 x10⁶ Leuco: 6,48 x10⁵ Hematocrite: 0,65
 cell count

Comments:
 CA

Action pose <input type="checkbox"/> In retrait <input type="checkbox"/> Out H début/start: _____ H fin/end: _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> <small>under skin</small> H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/> <small>neck</small> 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"/>
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Chirurgie/Surgery			
Stress Début/start: _____ Fin/End: _____ Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anhest. Local (Lurocaïne): _____ Anti-infl (Metacam): _____ Heure / Time: _____ Antibio (Baynil): _____ Heure / Time: _____			
Desimplantation N° implant sous-cut / under skin: _____ N° implant Intra-abdo: _____ Implantation N° implant Intra-abdo: _____ Autres / Other: _____			
Injection zoletil: _____ Qté / Qty: _____ Heure / Time: _____ Injection DM: _____ Qté / Qty: _____ Heure / Time: _____ Injection ACTH: _____ Qté / Qty: _____ Heure / Time: _____ Comments:			