

Marmottes / Marmots Sassièrè

Date: 19/05/2017 Time: 19 h 05 N° fiche / sheet: 17 Opérateur / Handling: SP N° individu: 1729 capture id: 10092

Territoire: 5 Territory Recapture yes no Statut social Dominant Sub unknown

Transpondeur n° 3019716 New 8226 0332
 Metal n° 0332 Oreille G/Left D/Right Paint blue w/lien
 Oreille ear G/Left D/Right color _____
 Plastic n° _____ Oreille ear G/Left D/Right
 Implant yes no download data yes no

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

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

Hemato Comptages: Ery: 9.58 x10⁵ Leuco: 4.56 x10⁵ Hematocrite: 0.77
 cell count

Comments: New Metal
 ca

Measures Masse corporelle / Body mass (g) 146.650
 L. mandibule / Jaw (mm) 53.39
 L. Patte ant. / Forefoot (mm) 54.39
 L. Cubitus / Ulna (mm) 67.15
 L. Patte post. / Hindfoot (mm) 69.61
 L. Tibia (mm) 86.21
 L. TC / Body length (cm) 37.5
 Larg. Tête zygomatique/ Zygomatic width (mm) 55.89
 Larg. Bassin / Basin width (mm) 49.15
 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)
 white blood cells
 Frott / Blood smear 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 <small>under skin</small> 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
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 <small>under skin</small> H fin/end: _____	Position: <input type="checkbox"/> Abdo <input type="checkbox"/> cou neck Comments:	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 (Lurocaine): _____ Heure / Time: _____ Anti-infl (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____			
Comments: PS0 <input type="checkbox"/> délai: _____ Injection zolétit: _____ 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			
Desimplantation N° implant sous-cut / under skin: _____ N° implant Intra-abdo: _____ Implantation N° implant Intra-abdo: _____ Autres / Other: _____			