

Marmottes / Marmots Sassièrè

Date: 20/05/2017 Time: 13 h00 N° fiche / sheet: 21 Opérateur / Handling: SP N° individu: 1728 capture id: 10026

Territoire: 6 Recapture yes no
 Statut social Dominant Sub unknown

Transpondeur n° -3937897
 Metal n° Ø 893 Orelle G/Left D/Right
 Plastic n° _____ Orelle G/Left D/Right color _____
 Implant yes no
 Paint
 Une bande haut
 Une bande milieu
 Bas

Age
 0 Marmotton PUP 2 ans 2 years old
 1 an Yearling 2 3 ans > 3 y

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

Hemato
 Comptages: Ery: 9.36 x10⁵ Leuco: 5.12 x10⁵ Hematocrite: 0.85
 cell count Hior: _____ Hématies: _____

Comments:

Measures
 Masse corporelle / Body mass (g) 1,5 kg
 L. mandibule / Jaw (mm) 54,69
 L. Patte ant. / Forefoot (mm) 55,0
 L. Cubitus / Ulna (mm) 67,34
 L. Patte post. / Hindfoot (mm) 72,64
 L. Tibia (mm) 84,20
 L. TC / Body length (cm) 37,5
 Larg. Tête zygomatique/ Zygomatic width (mm) 52,74
 Larg. Bassin / Basin width (mm) 48,53
 Dist. Ano-Génitale (cm) (marmotton/pup only) _____

Echantillons / Samples : nbr + étiquette / label
 Feces Atros Erythrocytes
 Poils / Hair Leucocytes
 Biopsy Hematocryte
 TV / Green tube Jugal
 TV extract Bucal
 TR / Red tube Anal
 TR extract GB (telomeres)
 white blood cells
 Frotti / 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: 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 <small>under skin</small> 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 <small>under skin</small> 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 Debut/start: _____ Fin/End: _____ Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anest. Local (Lurocaine): _____ Heure / Time: _____ Anti-Inf (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____ Stress PS0 <input type="checkbox"/> délai : _____ Injection zoofétil: _____ Qté / Qty: _____ Heure / Time: _____ capture 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: _____ Comments:				