


# Marmottes / Marmots Sassièrè

Date: 21/05/2017 Time: 11 h 45 N° fiche / sheet: 31 Opérateur / Handling: SP N° individu: 7544 capture id: 10138

Territoire:  Territory

Recapture  yes  no

Statut social  Dominant  Sub  unknown

Transpondeur n° -3011701  
 Metal n° NEW Ø227

Oreille Gl/Left  D/Right   
 Oreille ear Gl/Left  D/Right

Implant  yes  no

Paint heart  
Red

## Measures

Masse corporelle / Body mass (g) 3000  
 L. mandibule / Jaw (mm) 65,97  
 L. Patte ant. / Forefoot (mm) 56,32  
 L. Cubitus / Ulna (mm) 85,32  
 L. Patte post. / Hindfoot (mm) 75,12  
 L. Tibia (mm) 98,48  
 L. TC / Body length (cm) 46,00  
 Larg. Tête zygomatique/ Zygomatic width (mm) 64,59  
 Larg. Bassin / Basin width (mm) 60,50  
 Dist. Ano-Génitale (cm) (marmotton/pup only)

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

Male  Scrotal  positif

unknown  yes  no

Female  Allaitante  yes  no

Lactating unknown  yes  no

Gestante  yes  no

Pregnant unknown

## 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  4  Stress

Hemato Comptages: Ery: NA x10 5 Leuco: 6-14 x10 5 Hematocrite: 0

Comments: new leges method  
positif  
4

<b>Action</b> pose <input type="checkbox"/> In retrait <input type="checkbox"/> Out	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> under skin	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	<b>Implant id:</b> n° _____	<b>Type implant:</b> vienn <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
<b>Comments:</b>				
H début/start: _____ H fin/end: _____				
<b>Action</b> pose <input type="checkbox"/> In retrait <input type="checkbox"/> Out	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> under skin	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	<b>Implant id:</b> n° _____	<b>Type implant:</b> vienn <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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<b>Comments:</b>				
H début/start: _____ H fin/end: _____				
<b>Chirurgie/Surgery</b> Début/start: _____ Fin/End: _____ Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anesth Local (Lurocaine): _____ Heure / Time: _____ Anti-inf (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____ <b>Stress</b> PS0 <input type="checkbox"/> délai: _____ Infection zoolétil: _____ Qté / Qty: _____ Heure / Time: _____ capture PS1 <input type="checkbox"/> Heure: _____ Infection DM: _____ Qté / Qty: _____ Heure / Time: _____ Time PS2 <input type="checkbox"/> Heure: _____ Infection ACTH: _____ Qté / Qty: _____ Heure / Time: _____ Time PS3 <input type="checkbox"/> Heure: _____ Time				
<b>Comments:</b>				
<b>Desimplantation</b> N° implant sous-cut / under skin: N° implant intra-abdo: <b>Implantation</b> N° implant intra-abdo: Autres / Other:				