

# Marmottes / Marmots Sassièr

Date: 27/05/2017 Time: 11 h33 N° fiche / sheet: 42 Opérateur / Handling: SP N° individu: 1553 capture id: 10143

Territoire: N Recapture:  yes  no  
 Statut social:  Dominant  Sub  unknown

Transpondeur n°: 3009338  
 Metal n°: 8555 Orelle G/Left  D/Right   
 Plastic n°: \_\_\_\_\_ Orelle G/Left  D/Right  color: \_\_\_\_\_  
 Implant:  yes  no  
 Paint: bleu

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

Statut Repro: Male  Scrotal:  yes  no  
 Female  Allatante:  yes  no  unknown  
 Lactating:  yes  no  unknown  
 Gestante:  yes  no  unknown  
*10 marmottes*

Hemato: Complages: En: 233 x10<sup>5</sup> Leuco: 648 x10<sup>5</sup> Hematocrite: 0.67  
 cell count Hit: \_\_\_\_\_ Hematites: \_\_\_\_\_

**Measures**  
 Masse corporelle / Body mass (g) 3100  
 L. mandibule / Jaw (mm) 69.50  
 L. Patte ant. / Forefoot (mm) 59.07  
 L. Cubitus / Ulna (mm) 88.17  
 L. Patte post. / Hindfoot (mm) 80.20  
 L. Tibia (mm) 100.46  
 L. TC / Body length (cm) 17.5  
 Larg. Tête zygomatique/ Zygomatic width (mm) 63.01  
 Larg. Bassin / Basin width (mm) 60.75  
 Dist. Ano-Génitale (cm) (marmoton/pup only) \_\_\_\_\_

**Echantillons / Samples : nbr + étiquette / label**  
 Feces  2  
 Poils / Hair  1  
 Biopsy  1  
 TV / Green tube  1  
 TV extract  2  
 TR / Red tube  1  
 TR extract  1  
 Frotti / Blood smear  1

Erythrocytes   
 Leucocytes   
 Hematocyte   
 Jugal   
 Bucal   
 Anal   
 GB (telomeres)   
 white blood cells   
 Stress  B

Comments: \_\_\_\_\_

|   |                                     |   |  |  |                          |   |
|---|-------------------------------------|---|--|--|--------------------------|---|
| <b>Action</b>                                       | <input type="checkbox"/> pose<br>In | <input type="checkbox"/> retrait<br>Out | <b>Implantation id:</b><br><input type="checkbox"/> intra-abdo<br><input type="checkbox"/> ss-cut<br><i>under skin</i> | <b>Position:</b><br><input type="checkbox"/> Abdo<br><input type="checkbox"/> cou<br><i>neck</i> | <b>Implant id:</b><br>n° | <b>Type implant:</b><br><input type="checkbox"/> vionno<br><input type="checkbox"/> ibutton<br><input type="checkbox"/> starr-oddi S<br><input type="checkbox"/> starr-oddi L |
| <b>H début/start:</b> _____ <b>H fin/end:</b> _____ |                                     |   |  |  |                          |   |
| <b>Comments:</b>                                    |                                     |   |  |  |                          |   |

|   |                                     |   |  |  |                          |   |
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| <b>H début/start:</b> _____ <b>H fin/end:</b> _____ |                                     |   |  |  |                          |   |
| <b>Comments:</b>                                    |                                     |   |  |  |                          |   |

|   |                                     |   |  |  |                          |   |
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| <b>H début/start:</b> _____ <b>H fin/end:</b> _____ |                                     |   |  |  |                          |   |
| <b>Comments:</b>                                    |                                     |   |  |  |                          |   |

|   |                       |   |  |  |  |                                |
|---|-----------------------|---|--|--|--|--------------------------------|
| <b>Chirurgie/Surgery</b>                        |                       |   |  |  |  |                                |
| <b>Début/start:</b> _____                       | <b>Fin/End:</b> _____ | <b>Injection:</b> _____                     | <b>Injection:</b> _____                  | <b>Anesth. Local (Lurocaine):</b> _____  | <b>Anti-infl (Metacam):</b> _____        | <b>Antibio (Baytri):</b> _____ |
|   |                       | Heure / Time: _____                         | Heure / Time: _____                      | Heure / Time: _____                      | Heure / Time: _____                      | Heure / Time: _____            |
|   |                       | Qté / Qty: _____                            | Qté / Qty: _____                         | Qté / Qty: _____                         | Qté / Qty: _____                         | Qté / Qty: _____               |
|   |                       | <b>Injection zooléiti:</b> _____            | <b>Injection DM:</b> _____               | <b>Injection ACTH:</b> _____             |  |                                |
|   |                       | PS0 <input type="checkbox"/> <i>capture</i> | PS1 <input type="checkbox"/> <i>Time</i> | PS2 <input type="checkbox"/> <i>Time</i> | PS3 <input type="checkbox"/> <i>Time</i> |                                |
|   |                       | délai: _____                                | Heure: _____                             | Heure: _____                             | Heure: _____                             |                                |
|   |                       | <i>delay</i>                                | <i>Time</i>                              | <i>Time</i>                              | <i>Time</i>                              |                                |
| <b>Stress</b>                                   |                       |   |  |  |  |                                |
| <b>Comments:</b>                                |                       |   |  |  |  |                                |
| <b>Desimplantation</b>                          |                       |   |  |  |  |                                |
| N° implant sous-cut / <i>under skin</i> : _____ |                       |   |  |  |  |                                |
| N° implant Intra-abdo: _____                    |                       |   |  |  |  |                                |
| <b>Implantation</b>                             |                       |   |  |  |  |                                |
| N° implant Intra-abdo: _____                    |                       |   |  |  |  |                                |
| <b>Autres / Other:</b> _____                    |                       |   |  |  |  |                                |