

Marmottes / Marmots Sassièrè

Date: 21/05/2017 Time: 16 h 46 N° fiche / sheet: 43 Opérateur / Handling: SE N° individu: 1671 capture id: 10150

Territoire: CE Recapture  yes  no

Statut social Dominant  Sub  unknown

Transpondeur n° -3836822 Paint black

Metal n° 0533 Orelle  G/Left  D/Right  jaune

Plastic n° \_\_\_\_\_ Orelle  G/Left  D/Right  color \_\_\_\_\_

Implant  yes  no

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

Male  Scrotal  yes  no  unknown

Female  Allaitante  yes  no  unknown

Gestante  yes  no  unknown

Hemato Complages: Ery: 2.10 x10<sup>5</sup> Leuco: 3.52 x10<sup>5</sup> Hematocrite: 0.51

cell count Hist: \_\_\_\_\_ Hématies: \_\_\_\_\_

Comments:

Measures

Masse corporelle / Body mass (g) 2250

L. mandibule / Jaw (mm) 62.82

L. Pate ant. / Forefoot (mm) 62.75

L. Cubitus / Ulna (mm) 84.10

L. Pate post. / Hindfoot (mm) 81.29

L. Tibia (mm) 97.58

L. TC / Body length (cm) 46.0

Larg. Tête zygomatique/ Zygomatic width (mm) 59.62

Larg. Bassin / Basin width (mm) 61.60

Dist. Ano-Génitale (cm) (marmotton/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

Froth / Blood smear  1

Erythrocytes  1

Leucocytes  1

Hematocryte  1

Jugal  1

Bucal  1

Anal  1

GB (telomeres)  1

white blood cells

Stress  1

<b>Action</b> <input type="checkbox"/> pose <input type="checkbox"/> retrait In / Out H début/start: _____	<b>Implantation id:</b> <input type="checkbox"/> intra-abdo <input type="checkbox"/> ss-cut <small>under skin</small> H fin/end: _____	<b>Position:</b> <input type="checkbox"/> Abdo <input type="checkbox"/> cou <small>neck</small>	<b>Implant id:</b> n° _____	<b>Type implant:</b> vienné <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>	<b>Comments:</b>
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<b>Chirurgie/Surgery</b>					
<b>Stress</b> Début/start: _____ Fin/End: _____					
Injection: _____ Heure / Time: _____					
Injection: _____ Heure / Time: _____					
Anhest. Local (Lurocaine): _____ Heure / Time: _____					
Anti-inf (Metacam): _____ Heure / Time: _____					
Antibio (Baytril): _____ Heure / Time: _____					
<b>Desimplantation</b> N° implant sous-cut / under skin: _____ N° implant Intra-abdo: _____					
<b>Implantation</b> N° implant Intra-abdo: _____					
Autres / Other: _____					