


Marmottes / Marmots Sassièrè

Date: 23/05/2017 Time: 4h20 N° fiche / sheet: 48 Opérateur / Handling: SP N° individu: 1626 capture id: 10155

Territoire:  **BTP**
Territory

Recapture: yes no

Statut social: Dominant Sub unknown

Transpondeur n° 3016158

Paint: MC

Metal n° 0243 Oreille Gl/Left D/Right

Plastic n° 294 Oreille Gl/Left D/Right color orange

Implant: yes no

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

Statut Repro

Male: Scrotal: yes no unknown

Female: Allaitante: yes no unknown

Gestante: yes no unknown

Hemato

Comptages: Ery: 4,52 x10⁵ Leuco: 4,27 x10⁵ Hematocrite: 0 60

Hiot: _____ Hématies: _____

Comments: New metal
new plastic
10 marmottes

Measures

Masse corporelle / Body mass (g) 3200

L. mandibule / Jaw (mm) 65,38

L. Patte ant. / Forefoot (mm) 59,66

L. Cubitus / Ulna (mm) 86,55

L. Patte post. / Hindfoot (mm) 79,24

L. Tibia (mm) 99,70

L. TC / Body length (cm) 46,5

Larg. Tête zygomatique/ Zygomatic width (mm) 63,21

Larg. Bassin / Basin width (mm) 67,45

Dist. Ano-Génitale (cm) (marmotton/pup only)

Echantillons / Samples : nbr + étiquette / label

Feces 2

Polis / Hair 1

Biopsy 1

TV / Green tube 1

TV extract 1

TR / Red tube 0

TR extract 0

Froth / Blood smear 1

Erythrocytes 1

Leucocytes 1

Hematocyte 1

Jugal 1

Bucal 1

Anal 1

GB (telomeres) 1

white blood cells

Staes 1

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
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Chirurgie/Surgery				
Stress PS0 <input type="checkbox"/> délai : _____ Injektion zoolétil: _____ Qté / Qty: _____ Heure / Time: _____ capture delay PS1 <input type="checkbox"/> Heure: _____ Injektion DM: _____ Qté / Qty: _____ Heure / Time: _____ Time PS2 <input type="checkbox"/> Heure: _____ Injektion 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:				