

Marmottes / Marmots Sassièrè

Date: 23/05/2017 Time: 15h10 N° fiche / sheet: 49 Opérateur / Handling: SP N° individu: 1628 capture id: 1056

Territoire: I Recapture:  yes  no

Statut social:  Dominant  Sub  unknown

Transpondeur n°: 956-3411968 Paint: Orange

Metal n°: φ 949 Orelle G/Left:  D/Right:

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

Implant:  yes  no

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

Male:  Scrotal:  yes  no  unknown

Female:  Allaitante:  yes  no  unknown

Gestante:  yes  no  unknown

Hemato: Comptages: Ery: 4,06 x10<sup>6</sup> Leuco: 536 x10<sup>5</sup> Hematocrite: 0.69

cell count: \_\_\_\_\_ Hto: \_\_\_\_\_ Hemates: \_\_\_\_\_

Comments:

Measures

Masse corporelle / Body mass (g): 2300

L. mandibule / Jaw (mm): 64.13

L. Patte ant. / Forefoot (mm): 59.18

L. Cubitus / Ulna (mm): 83.61

L. Patte post. / Hindfoot (mm): 79.97

L. Tibia (mm): 96.74

L. TC / Body length (cm): 46.0

Larg. Tête zygomatique/ Zygomatic width (mm): 61.35

Larg. Bassin / Basin width (mm): 56.75

Dist. Ano-Genitale (cm) (marmotton/pup only): 1

Echantillons / Samples : nbr + étiquette / label

Feces:  2

Polis / Hair:  1

Biopsy:  1

TV / Green tube:  1

TV extract:  2

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) white blood cells:  1

Stress:  1

\_\_\_\_\_

<b>Action</b> <input type="checkbox"/> pose In <input checked="" type="checkbox"/> retrait Out H début/start: _____	<b>Implantation id:</b> <input type="checkbox"/> intra-abdo <input checked="" type="checkbox"/> ss-cut under skin <input type="checkbox"/> intra-abdo <input type="checkbox"/> ss-cut under skin H fin/end: _____	<b>Position:</b> <input checked="" type="checkbox"/> Abdo <input type="checkbox"/> cou neck <b>Comments:</b>	<b>Implant id:</b> <del>n° 182</del> <input type="checkbox"/> vienne <input checked="" type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L	<b>Type implant:</b> <input type="checkbox"/> vienne <input checked="" type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L
<b>Action</b> <input type="checkbox"/> pose In <input type="checkbox"/> retrait Out H début/start: _____	<b>Implantation id:</b> <input type="checkbox"/> intra-abdo <input type="checkbox"/> ss-cut under skin <input type="checkbox"/> intra-abdo <input type="checkbox"/> ss-cut under skin H fin/end: _____	<b>Position:</b> <input type="checkbox"/> Abdo <input type="checkbox"/> cou neck <b>Comments:</b>	<b>Implant id:</b> n° _____ <input type="checkbox"/> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L	<b>Type implant:</b> <input type="checkbox"/> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L
<b>Action</b> <input type="checkbox"/> pose In <input type="checkbox"/> retrait Out H début/start: _____	<b>Implantation id:</b> <input type="checkbox"/> intra-abdo <input type="checkbox"/> ss-cut under skin <input type="checkbox"/> intra-abdo <input type="checkbox"/> ss-cut under skin H fin/end: _____	<b>Position:</b> <input type="checkbox"/> Abdo <input type="checkbox"/> cou neck <b>Comments:</b>	<b>Implant id:</b> n° _____ <input type="checkbox"/> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L	<b>Type implant:</b> <input type="checkbox"/> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L
<b>Chirurgie/Surgery</b> Début/start: <u>16h25</u> Fin/End: _____ Injection: <u>Zol 4,5ml</u> Heure / Time: <u>15H38</u> Injection: <u>Zol 0,1ml</u> Heure / Time: <u>16H42</u> Anhest. Local (Lurocaïne): <u>AmL</u> Anti-infl (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____				
<b>Stress</b> PS0 <input type="checkbox"/> délai : _____ Injektion zoolétil: _____ Qté / Qty: _____ Heure / Time: _____ <input type="checkbox"/> capture 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 <b>Comments:</b>  <u>Pas trouvé le loger</u>				
<b>Desimplantation</b> N° implant sous-cut / under skin: _____ N° implant Intra-abdo: <del>182</del> <b>Implantation</b> N° implant Intra-abdo: _____ Autres / Other: _____				