

Marmottes / Marmots Sassièrè

Date: 23/05/2013

Time: 15 h 20

N° fiche / sheet: 50

Opérateur / Handling: SP

N° individu: 1071

capture id: 10157

Territoire: E  
Territory

Recapture

yes   
no

Statut social

Dominant   
Sub   
unknown

Measures

Masse corporelle / Body mass (g)

L. mandibule / Jaw (mm)

L. Patte ant. / Forefoot (mm)

L. Cubitus / Ulna (mm)

L. Patte post. / Hindfoot (mm)

L. Tibia (mm)

L. TC / Body length (cm)

Larg. Tête zygomatique/ Zygomatic width (mm)

Larg. Bassin / Basin width (mm)

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

3400

66,65

66,86

86,82

82,37

97,80

47,5

63,19

61,73

Marking

Transpondeur n° 3030102

Metal n° Ø867

Oreille ear

Oreille ear

G/Left

G/Left

D/Right

D/Right

Implant

yes

no

color

Paint

Red

tail

orange

Age

0 Marmotton

1 an

Pup Yearling

2 ans

≥ 3 ans

2 years old

≥ 3 y

Statut Repro

Male

Scrotal

yes

no

unknown

Female

Allaitante Lactating

yes

no

unknown

Gestante Pregnant

yes

no

unknown

Hemato

Comptages: cell count

Eny: 1,04 x10<sup>6</sup>

Leuco: 5,86 x10<sup>5</sup>

Hematocrite: 0,34

Hto: \_\_\_\_\_ Hematias: \_\_\_\_\_

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)

white blood cells

Frott / Blood smear

Stress

Comments:

10 mammelles

<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 <small>under skin</small> H fin/end: _____	<b>Position:</b> <input type="checkbox"/> Abdo <input type="checkbox"/> cou neck <b>Comments:</b>	<b>Implant id:</b> n° _____	<b>Type implant:</b> <input type="checkbox"/> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L
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<b>Chirurgie/Surgery</b> Début/start: _____ Fin/End: _____ Injection: <u>Zol</u> _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anest. Local (Lurocaïne): _____ Heure / Time: _____ Anti-infl (Motacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____				
<b>Stress</b> PS0 <input type="checkbox"/> délai : _____ capture           delay PS1 <input type="checkbox"/> Heure: _____ Time PS2 <input type="checkbox"/> Heure: _____ Time PS3 <input type="checkbox"/> Heure: _____ Time Injection zoolétil:           Qté / Qty: _____ Heure / Time: _____ Injection DM:                Qté / Qty: _____ Heure / Time: _____ Injection ACTH:              Qté / Qty: _____ Heure / Time: _____				
<b>Desimplantation</b> N° implant sous-cut / under skin: _____ N° implant Intra-abdo: _____ <b>Implantation</b> N° implant Intra-abdo: _____ Autres / Other: _____ <b>Comments:</b>				