

Date: 25/05/2017 Time: 9h41

Territoire: N2 Recapture yes no

Transpondeur n° 303503

Metal n° 0538 Oreille G/L ear

Plastic n° 79 Oreille G/L ear Implant ye

Age: 0 Marmotton Pup 1 an Yearling

Male Scrotal yes nc unknown

Female Allaitante yes Lactating nc unknown

Hemato: Comptages: Ery: 1,15 x 10⁶ Leuc

Comments: 10 minutes new Da

Marmottes / Marmots Sassièrè
Recapture

Date: 24/05/2017 Time: 11h30 N° fiche/sheet: 60

Opérateur/ Handling: Lucie N° individu: 1744 capture id: 10167

Territoire: N Echantillon Sample: 1 Feces Copao

Measures: Masse mesurée m1 (g) 3 Masse sac m2 (g) 1,5
Measured mass bag mass

Masse corporelle = m1 - m2 (g) [ou masse sac taré] 1,5
Body mass

Implant: yes no NA

Transpondeur n° 3042439 Paint

Metal: Oreille/ear G/Left D/Right

Plastic: Oreille/ear G/Left D/Right color _____

Comments

35 capture id: 10169

3250.
71.75
59,36
79,97
87,60
101,04
49,5
63,34
62,96

vel

Erythrocytes 1

Leucocytes 1

hematocyte 1

Jugal 1 ○

Bucal 1 ○

Anal 1 ○

(telomeres) 1 ○
white blood cells

Stress 1

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

Chirurgie/Surgery

Début/start: _____
Fin/End: _____
Injection: _____ Heure / Time: _____
Injection: _____ Heure / Time: _____
Anesth. Local (Lurocaïne): _____
Anti-infil (Metacam): _____ Heure / Time: _____
Antibio (Baynil): _____ Heure / Time: _____

Desimplantation
N° implant sous-cut / under skin: _____
N° implant Intra-abdo: _____
Implantation
N° implant Intra-abdo: _____

Autres / Other: _____

Stress

PS0 délai : _____ Injection zoolétit: Qté / Qty: _____ Heure / Time: _____
capture delay
PS1 Heure: _____ Injection DM: Qté / Qty: _____ Heure / Time: _____
Time
PS2 Heure: _____ Injection ACTH: Qté / Qty: _____ Heure / Time: _____
Time
PS3 Heure: _____
Time

Comments: