

Marmottes / Marmots Sassièrè

Date: 25 / 05 / 2017 Time: 20h41 N° fiche / sheet: 68 Opérateur / Handling: SP

N° individu: A99 capture id: 10175

Territoire: W
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)

1800g
~~53.32~~
~~51.45~~
65.15
72.36
82.01
39
53.83
48.59
~~18.28~~

Marking

Transpondeur n°



956000003044526

Paint

+
violet

Metal n° 0248

Oreille ear G/Left

D/Right

Plastic n°

Oreille ear G/Left

D/Right

color

Implant yes

no

Age

0 Marmotton Pup

1 an Yearling

2 ans

2 years old

≥ 3 ans

≥ 3 y

Echantillons / Samples : nbr + étiquette / label

Feces Stress

Poils / Hair

Biopsy

TV / Green tube

TV extract

TR / Red tube

TR extract

Frotti / Blood smear

Erythrocytes

Leucocytes

Hematocyte

Jugal

Bucal

Anal

GB (telomeres)

white blood cells

Stress

Statut Repro

Male

Scrotal yes
no
unknown

Female

Allaitante Lactating yes
no
unknown

Gestante Pregnant yes
no
unknown

Hemato

Comptages: cell count

Ery: 1.04 x10⁶

Leuco: 4.58 x10⁵

Hematocrite: 0

Htot: ___ Hématies: ___

Comments:

Action pose <input type="checkbox"/> In <input type="checkbox"/> retrait <input type="checkbox"/> Out <input type="checkbox"/> 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: vienné <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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Comments:				
Chirurgie/Surgery Début/start: _____ Fin/End: _____ Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anhest. Local (Lurocaïne): _____ Anti-infi (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____			Stress PS0 <input type="checkbox"/> délai : _____ Injection zoolétic: Qté / Qty: _____ Heure / Time: _____ capture delay PS1 <input type="checkbox"/> Heure: _____ Injection DM: Qté / Qty: _____ Heure / Time: _____ Time PS2 <input type="checkbox"/> Heure: _____ Injection 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:	