

# Marmottes / Marmots Sassièr

Date: 29/05/2017 Time: 9 h 04 N° fiche / sheet: 96 Opérateur / Handling: SP N° individu: 1733 capture id: 10203

**Territoire:** L  
Territory

**Recapture** yes  no

**Statut social** Dominant  Sub  unknown

**Marking**

Transpondeur n° - 3φ153φ2

Metal n° 0806 Oreille ear G/Left  D/Right

Plastic n° \_\_\_\_\_ Oreille ear G/Left  D/Right  color \_\_\_\_\_

Implant yes  no

Paint + orange

**Measures**

Masse corporelle / Body mass (g) 1450

L. mandibule / Jaw (mm) 51

L. Patte ant. / Forefoot (mm) 53.68

L. Cubitus / Ulna (mm) 65.23

L. Patte post. / Hindfoot (mm) ~~76.49~~ 78.06

L. Tibia (mm) ~~78.06~~ 39.14

L. TC / Body length (cm) 37.5

Larg. Tête zygomatique / Zygomatic width (mm) 48.62

Larg. Bassin / Basin width (mm) 46.23

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

**Age**

0 Marmotton  Pup  
1 an  Yearling

2 ans  2 years old  
≥ 3 ans  ≥ 3 y

**Echantillons / Samples : nbr + étiquette / label**

Feces <input checked="" type="checkbox"/> <u>stress</u>	Erythrocytes <input checked="" type="checkbox"/>
Poils / Hair <input checked="" type="checkbox"/>	Leucocytes <input checked="" type="checkbox"/>
Biopsy <input checked="" type="checkbox"/> ○	Hematocyte <input checked="" type="checkbox"/>
TV / Green tube <input checked="" type="checkbox"/> ○ ○	Jugal <input type="checkbox"/> ○
TV extract <input checked="" type="checkbox"/> ○ ○	Bucal <input checked="" type="checkbox"/> ○
TR / Red tube <input checked="" type="checkbox"/> ○ ○	Anal <input checked="" type="checkbox"/> ○
TR extract <input checked="" type="checkbox"/> ○ ○	GB (telomeres) <input checked="" type="checkbox"/> ○ white blood cells
Frotti / Blood smear <input checked="" type="checkbox"/> ○	<u>3</u> Stress <input checked="" type="checkbox"/>

**Statut Repro**

Male  Scrotal yes  no  unknown

Female  Allaitante Lactating yes  no  unknown

Gestante Pregnant yes  no  unknown

**Hemato**

Comptages: cell count Ery: 9,94 x10<sup>5</sup> Leuco: 7,32 x10<sup>5</sup> Hematocrite: 0,47  
Htot: \_\_\_\_\_ Hématies: \_\_\_\_\_

**Comments:** grosse balafre sur le museau (gauche)  
dent inférieure gauche cassée

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

**Chirurgie/Surgery**

Début/start: \_\_\_\_\_  
Fin/End: \_\_\_\_\_

Injection: \_\_\_\_\_ Heure / Time: \_\_\_\_\_  
Injection: \_\_\_\_\_ Heure / Time: \_\_\_\_\_

Anhest. Local (Lurocaïne): \_\_\_\_\_

Anti-infl (Metacam): \_\_\_\_\_ Heure / Time: \_\_\_\_\_  
Antibio (Baytril): \_\_\_\_\_ 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:**