

Marmottes / Marmots Sassièrè

5300-1500 = 3800

Date: 30/05/2017

Time: 15 h 00


N° fiche / sheet: 109

Opérateur / Handling: SP

N° individu: 1634

capture id: 10216

Territoire: N2 Recapture yes  no  Statut social Dominant  Sub  unknown

Transpondeur n° 3037860 Paint   
 Metal n° 0540 Oreille ear G/Left  D/Right   
 Plastic n° \_\_\_\_\_ Oreille ear G/Left  D/Right  color \_\_\_\_\_  
 Implant yes  no

**Measures**  
 Masse corporelle / Body mass (g) 3850  
 L. mandibule / Jaw (mm) 71,8  
 L. Patte ant. / Forefoot (mm) 60,5  
 L. Cubitus / Ulna (mm) 92,5  
 L. Patte post. / Hindfoot (mm) 83,2  
 L. Tibia (mm) 101,7  
 L. TC / Body length (cm) 49,0  
 Larg. Tête zygomatique / Zygomatic width (mm) 68,2  
 Larg. Bassin / Basin width (mm) 64,3  
 Dist. Ano-Génitale (cm) (marmotton/pup only) /

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

Statut Repro Male  Scrotal yes  no  unknown   
 Female  Allaitante Lactating yes  no  unknown  Gestante Pregnant yes  no  unknown

Hemato Comptages: Ery: 1,20 x10<sup>6</sup> Leuco: 5,25 x10<sup>5</sup> Hematocrite: 0, 71  
 cell count Htot: \_\_\_\_\_ Hématies: \_\_\_\_\_

Comments:

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

Feces	<input checked="" type="checkbox"/> 2	Erythrocytes	<input checked="" type="checkbox"/> 1
Poils / Hair	<input checked="" type="checkbox"/> 1	Leucocytes	<input checked="" type="checkbox"/> 1
Biopsy	<input checked="" type="checkbox"/> 1 ○	Hematocyte	<input checked="" type="checkbox"/> 1
TV / Green tube	<input checked="" type="checkbox"/> 1 ○ ○	Jugal	<input checked="" type="checkbox"/> 1 ○
TV extract	<input checked="" type="checkbox"/> 1 ○ ○	Bucal	<input checked="" type="checkbox"/> 1 ○
TR / Red tube	<input checked="" type="checkbox"/> 1 ○ ○	Anal	<input checked="" type="checkbox"/> 1 ○
TR extract	<input checked="" type="checkbox"/> 1 ○ ○	GB (telomeres) white blood cells	<input checked="" type="checkbox"/> 2 ○
Frotti / Blood smear	<input checked="" type="checkbox"/> 1 ○	Stress	<input checked="" type="checkbox"/>

bonkers, 1

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

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<b>Comments:</b>				

<b>Chirurgie/Surgery</b> Début/start: _____ Fin/End: _____ Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anhest. Local (Lurocaïne): _____ Anti-infl (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____	<b>Stress</b> PS0 <input type="checkbox"/> délai : _____ Injection zoolétal: 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
<b>Desimplantation</b> N° implant sous-cut / under skin: _____ N° implant Intra-abdo: _____	<b>Comments:</b>
<b>Implantation</b> N° implant Intra-abdo: _____  Autres / Other: _____	