

Marmottes / Marmots Sassièrè

Date: 30/05/2017 Time: 18h30 N° fiche / sheet: 111 Opérateur / Handling: TZ N° individu: 1782 capture id: 10250

Territoire: H Territory

Recapture yes no

Statut social Dominant Sub unknown

Measures

Masse corporelle / Body mass (g) 1600

L. mandibule / Jaw (mm) 59,76

L. Patte ant. / Forefoot (mm) 56,61

L. Cubitus / Ulna (mm) 66,48

L. Patte post. / Hindfoot (mm) 79,09

L. Tibia (mm) 84,85

L. TC / Body length (cm) 37

Larg. Tête zygomatique / Zygomatic width (mm) 54,35

Larg. Bassin / Basin width (mm) 49,76

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

Transpondeur n° -3014346 Paint Orange

Metal n° 0741 Oreille ear G/Left D/Right color orange

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 0 Erythrocytes 1

Poils / Hair 1 Leucocytes 1

Biopsy 1 ○ Hematocyte 1

TV / Green tube 1 ○ ○ Jugal 1 ○

TV extact 1 ○ ○ Bucal 1 ○

TR / Red tube 1 ○ ○ Anal 1 ○

TR extract 1 ○ ○ GB (telomeres) 1 ○

Frotti / Blood smear 1 ○ Stress 1

B

Statut Repro Male Scrotal yes no unknown

Female Allaitante Lactating yes no unknown Gestante Pregnant yes no unknown

Hemato Comptages: Ery: 8,18 x10⁵ Leuco: 229 x10⁵ Hematocrite: 0, 58

Htot: _____ Hématies: _____

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 Comments:	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"/>
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 Comments:	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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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 <input type="checkbox"/> délai : _____ Injection zoolétel: 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 Comments:	