

## Marmottes / Marmots Sassièrè

Date: 03/06/2017 Time: 16 h 24 N° fiche / sheet: 138 Opérateur / Handling: SP N° individu: 1766 capture id: 10277

Territoire: 5 Territory

Recapture: yes  no

Statut social: Dominant  Sub  unknown

### Measures

Masse corporelle / Body mass (g) 1600

L. mandibule / Jaw (mm) 52,6

L. Patte ant. / Forefoot (mm) 54,4

L. Cubitus / Ulna (mm) 67,9

L. Patte post. / Hindfoot (mm) 70,2

L. Tibia (mm) 84,7

L. TC / Body length (cm) 38,5

Larg. Tête zygomatique / Zygomatic width (mm) 54,0

Larg. Bassin / Basin width (mm) 50,0

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

Transpondeur n° 3045681

Metal n° 0725 Oreille ear: G/Left  D/Right

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

Implant: yes  no

Paint: + vert

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: 1.01 x10<sup>6</sup> Leuco: 4.02 x10<sup>5</sup> Hematocrite: 0, 62

Ht: \_\_\_\_\_ Hématies: \_\_\_\_\_

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

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

Comments:

|  |  |  |                                    |   |  |  |                  |  |
|--|--|--|------------------------------------|---|--|--|------------------|--|
| <b>Action</b><br>pose <input type="checkbox"/><br>In<br>retrait <input type="checkbox"/><br>Out<br>H début/start: ____ ____  | <b>Implantation id:</b><br>intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/><br>under skin<br>H fin/end: ____ ____   | <b>Position:</b><br>Abdo <input type="checkbox"/> cou <input type="checkbox"/><br>neck | <b>Implant id:</b><br>n° ____ ____ | <b>Type Implant:</b><br>viene <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/> |  |  |                  |  |
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| <b>Comments:</b>   |  |  |                                    |   |  |  |                  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <b>Chirurgie/Surgery</b><br/> Début/start: ____ ____<br/> Fin/End: ____ ____<br/> Injection: ____ ____ Heure / Time: ____ ____<br/> Injection: ____ ____ Heure / Time: ____ ____<br/> Anest. Local (Lurocaine): ____ ____<br/> Anti-infl (Metacam): ____ ____ Heure / Time: ____ ____<br/> Antibio (Baytril): ____ ____ Heure / Time: ____ ____<br/><br/> <b>Desimplantation</b><br/> N° implant sous-cut / under skin: ____<br/> N° implant Intra-abdo: ____<br/><br/> <b>Implantation</b><br/> N° implant Intra-abdo: ____<br/><br/> Autres / Other: ____ </td> <td style="width:50%; vertical-align: top;"> <b>Stress</b><br/> PS0 <input type="checkbox"/> délai : ____ ____      Injection zoolétil:      Qté / Qty: ____ ____      Heure / Time: ____ ____<br/> capture      delay<br/> PS1 <input type="checkbox"/> Heure: ____ ____      Injection DM:      Qté / Qty: ____ ____      Heure / Time: ____ ____<br/> Time<br/> PS2 <input type="checkbox"/> Heure: ____ ____      Injection ACTH:      Qté / Qty: ____ ____      Heure / Time: ____ ____<br/> Time<br/> PS3 <input type="checkbox"/> Heure: ____ ____<br/> Time </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <b>Comments:</b> </td> </tr> </table> |  |  |                                    |   | <b>Chirurgie/Surgery</b><br>Début/start: ____ ____<br>Fin/End: ____ ____<br>Injection: ____ ____ Heure / Time: ____ ____<br>Injection: ____ ____ Heure / Time: ____ ____<br>Anest. Local (Lurocaine): ____ ____<br>Anti-infl (Metacam): ____ ____ Heure / Time: ____ ____<br>Antibio (Baytril): ____ ____ Heure / Time: ____ ____<br><br><b>Desimplantation</b><br>N° implant sous-cut / under skin: ____<br>N° implant Intra-abdo: ____<br><br><b>Implantation</b><br>N° implant Intra-abdo: ____<br><br>Autres / Other: ____ | <b>Stress</b><br>PS0 <input type="checkbox"/> délai : ____ ____      Injection zoolétil:      Qté / Qty: ____ ____      Heure / Time: ____ ____<br>capture      delay<br>PS1 <input type="checkbox"/> Heure: ____ ____      Injection DM:      Qté / Qty: ____ ____      Heure / Time: ____ ____<br>Time<br>PS2 <input type="checkbox"/> Heure: ____ ____      Injection ACTH:      Qté / Qty: ____ ____      Heure / Time: ____ ____<br>Time<br>PS3 <input type="checkbox"/> Heure: ____ ____<br>Time | <b>Comments:</b> |  |
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