

Marmottes / Marmots Sassièrè

Date: 03/06/2017

Time: 16h45

N° fiche / sheet: 139

Opérateur / Handling: SP

N° individu: 1722

capture id: 10278

Territoire: U
Territory

Recapture yes
no

Statut social Dominant
Sub
unknown

Measures

Masse corporelle / Body mass (g) 1900
L. mandibule / Jaw (mm) 52,9
L. Patte ant. / Forefoot (mm) 53,8
L. Cubitus / Ulna (mm) 68,4
L. Patte post. / Hindfoot (mm) 74,6
L. Tibia (mm) 84,7
L. TC / Body length (cm) 38,5
Larg. Tête zygomatique / Zygomatic width (mm) 55,5
Larg. Bassin / Basin width (mm) 49,3
Dist. Ano-Génitale (cm) (marmotton/pup only) /

Marking

Transpondeur n° 3061953

Paint

Orange

color

Metal n° 0967 Oreille ear G/Left D/Right

Plastic n° Oreille ear G/Left D/Right

Implant yes no

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: cell count Ery: 2.24 x 10⁵ Leuco: 4.19 x 10⁵ Hematocrite: 0,60
Htot: Hématies:

Comments:

Echantillons / Samples : nbr + étiquette / label

Feces 2 Erythrocytes 1
Poils / Hair 1 Leucocytes 1
Biopsy 1 ○ Hematocyte 1
TV / Green tube 1 ○ ○ Jugal 0 ○
TV extact 1 ○ ○ Bucal 1 ○
TR / Red tube 1 ○ ○ Anal 1 ○
TR extract 1 ○ ○ GB (telomeres) 2 ○
white blood cells
Frotti / Blood smear 1 ○ Stress 1

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	Implant id: n° _____	Type implant: vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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	Implant id: n° _____	Type Implant: vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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	Implant id: n° _____	Type Implant: vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments:				
Chirurgie/Surgery Début/start: _____ Fin/End: _____ Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anhest. Local (Lurocaïne): _____ Anti-infl (Metacam): _____ Heure / Time: _____ Antibio (Baytri): _____ Heure / Time: _____ Deesplantation N° implant sous-cut / under skin: _____ N° implant Intra-abdo: _____ Implantation N° implant Intra-abdo: _____ Autres / Other: _____				
Stress PS0 <input type="checkbox"/> délai : _____ Injection zoolétil: 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:				