

Marmottes / Marmots Sassièrè

5850 - 1500 = 4350

Date: 24/06/2017

Time: 8 h 30

N° fiche / sheet: 168

Opérateur / Handling: TZ

N° individu: 1653

capture id: 10308

Territoire: JHillyg
Territory

Recapture yes
no

Statut social

Dominant
Sub
unknown

Measures

Masse corporelle / Body mass (g) 4350
L. mandibule / Jaw (mm) 71.06
L. Patte ant. / Forefoot (mm) 63.82
L. Cubitus / Ulna (mm) 87.31
L. Patte post. / Hindfoot (mm) 85.70
L. Tibia (mm) 105.53
L. TC / Body length (cm) 49.5
Larg. Tête zygomatique / Zygomatic width (mm) 65.17
Larg. Bassin / Basin width (mm) 68.26
Dist. Ano-Génitale (cm) (marmotton/pup only) /

Marking

Transpondeur n° 3035966

Paint

— bleu

Metal n° 0817 Oreille ear G/Left D/Right

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

Statut Repro

Male Scrotal yes
no
unknown

Female Allaitante Lactating yes
no
unknown Gestante Pregnant yes
no
unknown

Hemato

Comptages: cell count Ery: 7.32 x10⁵ Leuco: 3.57 x10⁵ Hematocrite: 0, 57
Htot: _____ Hématies: _____

Echantillons / Samples : nbr + étiquette / label

Feces <input checked="" type="checkbox"/>	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 checked="" 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"/> ○	Stress <input checked="" type="checkbox"/>

Comments:

Action pose <input type="checkbox"/> In retrait <input type="checkbox"/> 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: vienna <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: ____ ____ Anest. Local (Lurocaïne): ____ ____ ____ Anti-infl (Metacam): ____ ____ ____ Heure / Time: ____ ____ Antibio (Baytril): ____ ____ ____ Heure / Time: ____ ____		Stress PS0 <input type="checkbox"/> délai : ____ ____ Injection zoolétit: 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		
Desimplantation N° implant sous-cut / under skin: N° implant Intra-abdo: Implantation N° implant Intra-abdo: Autres / Other:		Comments:		