

Marmottes / Marmots Sassièrè

Date: 25/06/2019

Time: 19 h 30

N° fiche / sheet: 176

Opérateur / Handling: SP

N° individu: 1801

capture id: 10406

Territoire: T
Territory

Recapture yes
no

Statut social

Dominant
Sub
unknown

Measures

Masse corporelle / Body mass (g) 430
L. mandibule / Jaw (mm) 43.9
L. Patte ant. / Forefoot (mm) 38.5
L. Cubitus / Ulna (mm) 43.2
L. Patte post. / Hindfoot (mm) 54.9
L. Tibia (mm) 53.5
L. TC / Body length (cm) 23.0
Larg. Tête zygomatique / Zygomatic width (mm) 40.8
Larg. Bassin / Basin width (mm) 28.3
Dist. Ano-Génitale (cm) (marmotton/pup only) 19.4

Marking

Transpondeur n° 956000003010575

Paint

Metal n° 0953 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: 869 x10⁵ Leuco: 2,40 x10⁵ Hematocrite: 0,53
Htot: _____ Hématies: _____

Comments:

Echantillons / Samples : nbr + étiquette / label

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

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"/>
Comments:				
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Comments:				
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 zooléit: 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:	