

Marmottes / Marmots Sassièrè

Date: 27/06/2017 Time: 9 h 30 N° fiche / sheet: 189 Opérateur / Handling: SP N° individu: 1811 capture id: 10419

Territoire: Btral
Territory

Recapture yes
no

Statut social Dominant
Sub
unknown

Transpondeur n°  956000003115775
Metal n° 245
Plastic n°
Oreille ear G/Left D/Right
Oreille ear G/Left D/Right
Implant yes no

Paint
color

Measures

Masse corporelle / Body mass (g) 485g
L. mandibule / Jaw (mm) 41.76
L. Patte ant. / Forefoot (mm) 42.56
L. Cubitus / Ulna (mm) 60.42
L. Patte post. / Hindfoot (mm) 63.74
L. Tibia (mm) 55.55
L. TC / Body length (cm) 24.0
Larg. Tête zygomatique / Zygomatic width (mm) 40.44
Larg. Bassin / Basin width (mm) 32.06
Dist. Ano-Génitale (cm) (marmotton/pup only) 9.18

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: 670 x10⁵ Leuco: 346 x10⁵ Hematocrite: 0.56
cell count 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: viene <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: _____

Deeimplantation

N° implant sous-cut / under skin:

N° implant Intra-abdo:

implantation

N° implant Intra-abdo:

Autres / Other:

Stress

PS0 délai : _____ Injection zoolétil: Qté / Qty: _____ Heure / Time: _____
capture delay
PS1 Heure: _____ Injection DM: Qté / Qty: _____ Heure / Time: _____
Time
PS2 Heure: _____ Injection ACTH: Qté / Qty: _____ Heure / Time: _____
Time
PS3 Heure: _____
Time

Comments: