

Date: 21/07/2017 Time: 12h20

Marmottes / Marmots Sassièrè

N° fiche / sheet: 206 Opérateur / Handling: SP

Territoire: FAC
Territory

Recapture
yes
no

Statut social
Dominant
Sub
unknown

N° individu: 1820 capture id: 15001

Marking

Transpondeur n°  956000002942921

Metal n° 0269

Oreille ear G/Left D/Right

Plastic n° _____

Oreille ear G/Left D/Right

Implant yes no

Paint

color _____

Measures

Masse corporelle / Body mass (g) 310
 L. mandibule / Jaw (mm) 42.3
 L. Patte ant. / Forefoot (mm) 38.7
 L. Cubitus / Ulna (mm) 43.3
 L. Patte post. / Hindfoot (mm) 50.4
 L. Tibia (mm) 50.2
 L. TC / Body length (cm) 21.0
 Larg. Tête zygomatique / Zygomatic width (mm) 38.7
 Larg. Bassin / Basin width (mm) 32.9
 Dist. Ano-Génitale (cm) (marmotton/pup only) 17.3

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

Echantillons / Samples : nbr + étiquette / label

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

Comptages: Ery: 8.83 x10⁵ Leuco: 2.90 x10⁵ Hematocrite: 0.065

Comments: new Zdet
new metal

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"/>
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Chirurgie/Surgery

Début/start: _____

Fin/End: _____

Injection: _____ Heure / Time: _____

Injection: _____ Heure / Time: _____

Anhest. Local (Lurocaine): _____ Heure / Time: _____

Anti-infl (Metacam): _____ Heure / Time: _____

Antibio (Baytril): _____

Desimplantation

N° implant sous-cut / under skin: _____

N° implant Intra-abdo: _____

Implantation

N° implant Intra-abdo: _____

Autres / Other: _____

Stress

PS0 délai : _____
capture delay

PS1 Heure: _____
Time

PS2 Heure: _____
Time

PS3 Heure: _____
Time

Injection zoolétit: Qté / Qty: _____ Heure / Time: _____

Injection DM: Qté / Qty: _____ Heure / Time: _____

Injection ACTH: Qté / Qty: _____ Heure / Time: _____

Comments: