

Marmottes / Marmots Sassièrè

Date: 03/09/2017

Time: 14 h 00

N° fiche / sheet: 217

Opérateur / Handling: SP

N° individu: 1831

capture id: 10512

Territoire: X
Territory

Recapture
yes
no

Statut social

Dominant
Sub
unknown

Measures

Masse corporelle / Body mass (g) 360
L. mandibule / Jaw (mm) 44,1
L. Patte ant. / Forefoot (mm) 41,1
L. Cubitus / Ulna (mm) 44,8
L. Patte post. / Hindfoot (mm) 55,1
L. Tibia (mm) 54,3
L. TC / Body length (cm) 21,5
Larg. Tête zygomatique / Zygomatic width (mm) 39,7
Larg. Bassin / Basin width (mm) 26,5
Dist. Ano-Génitale (cm) (marmotton/pup only) 13,9

Marking

Transpondeur n°  956000003009033
Metal n° 0316
Plastic n°
Oreille ear G/Left D/Right
Oreille ear G/Left D/Right
Implant yes no
Paint
color

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

Hemato
Comptages: cell count Ery: 589 x10⁹ Leuco: 173 x10⁹ Hematocrite: 0,55
Htot: _____ Hématies: _____

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: 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 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: