

Marmottes / Marmots Sassièrè

Date: 03/07/2017 Time: 19 h 00 N° fiche / sheet: 218 Opérateur / Handling: SP N° individu: 1503 capture id: 10513

| | | |
|--|---|---|
| Territoire: <u>Z</u> <small>Territory</small> | Recapture yes <input checked="" type="checkbox"/> no <input type="checkbox"/> | Statut social Dominant <input checked="" type="checkbox"/> Sub <input type="checkbox"/> unknown <input type="checkbox"/> |
|--|---|---|

Measures

| | |
|---|--------------|
| Masse corporelle / Body mass (g) | <u>4050</u> |
| L. mandibule / Jaw (mm) | <u>66,0</u> |
| L. Patte ant. / Forefoot (mm) | <u>60,4</u> |
| L. Cubitus / Ulna (mm) | <u>90,1</u> |
| L. Patte post. / Hindfoot (mm) | <u>81,7</u> |
| L. Tibia (mm) | <u>103,0</u> |
| L. TC / Body length (cm) | <u>50,5</u> |
| Larg. Tête zygomatique / Zygomatic width (mm) | <u>68,9</u> |
| Larg. Bassin / Basin width (mm) | <u>67,8</u> |
| Dist. Ano-Génitale (cm) (marmotton/pup only) | <u> </u> |

| | | | |
|---------|---------------------------------|---|------------------------------------|
| Marking | Transpondeur n° <u>-3015595</u> | | Paint color <u>Rose</u> |
| | Metal n° <u>0317</u> | Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/> | |
| | Plastic n° <u>282</u> | Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/> Implant yes <input checked="" type="checkbox"/> no <input type="checkbox"/> | |

| | | |
|-----|--|---|
| Age | 0 Marmotton <input type="checkbox"/> Pup | 2 ans <input type="checkbox"/> 2 years old |
| | 1 an <input type="checkbox"/> Yearling | ≥ 3 ans <input checked="" type="checkbox"/> ≥ 3 y |

Echantillons / Samples : nbr + étiquette / label

| | |
|---|---|
| Feces <input checked="" type="checkbox"/> <u>2</u> | Erythrocytes <input checked="" type="checkbox"/> <u>1</u> |
| Poils / Hair <input checked="" type="checkbox"/> <u>1</u> | Leucocytes <input checked="" type="checkbox"/> <u>1</u> |
| Biopsy <input checked="" type="checkbox"/> <u>1</u> ○ | Hematocyte <input checked="" type="checkbox"/> <u>1</u> |
| TV / Green tube <input checked="" type="checkbox"/> <u>1</u> ○ ○ | Jugal <input checked="" type="checkbox"/> <u>1</u> ○ |
| TV extract <input checked="" type="checkbox"/> <u>1</u> ○ ○ | Bucal <input checked="" type="checkbox"/> <u>1</u> ○ |
| TR / Red tube <input checked="" type="checkbox"/> <u>0</u> ○ ○ | Anal <input checked="" type="checkbox"/> <u>1</u> ○ |
| TR extract <input checked="" type="checkbox"/> <u>0</u> ○ ○ | GB (telomeres) <input checked="" type="checkbox"/> <u>1</u> ○ |
| Frotti / Blood smear <input checked="" type="checkbox"/> <u>1</u> ○ | Stress <input checked="" type="checkbox"/> <u>1</u> |

| | | |
|--------------|--|---|
| Statut Repro | Male <input checked="" type="checkbox"/> | Scrotal yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/> |
| | Female <input type="checkbox"/> | Allaitante Lactating yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/> Gestante Pregnant yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/> |

| | |
|--------|---|
| Hemato | Comptages: Ery: <u>4,64x10⁵</u> Leuco: <u>7,93x10⁵</u> Hematocrite: <u>0,64</u> |
| | <small>cell count</small> <u>à vérifier</u> Htot: <u> </u> Hématies: <u> </u> |

Comments: New métal / New plastique
Blessure nez fraîche + multiples plaies vient de X

| | | | | |
|--|---|--|-------------------------------------|--|
| Action pose <input type="checkbox"/> In retrait <input checked="" type="checkbox"/> Out H début/start: _____ | Implantation id: intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> <small>under skin</small> H fin/end: _____ | Position: Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/> neck | Implant id: n° <u>191</u> | Type implant: viene <input type="checkbox"/> ibutton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input 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"/> <small>under skin</small> 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: ~~20h34~~ 20h34
Fin/End: 21h30

Injection: 2ol. 0,8 Heure / Time: 19h50
Injection: 2ol 0,2 Heure / Time: 20h40

Anhest. Local (Lurocaïne): 0,1 ml
Anti-infl (Metacam): 0,24ml Heure / Time: 21h34
Antibio (Baytril): 0,4ml Heure / Time: 21h33

Desimplantation
N° implant sous-cut / under skin: _____
N° implant Intra-abdo: 191

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: P