

Date: 05/07/2017

Time: 16h30

N° fiche / sheet: 221

### Marmottes / Marmots Sassièrè

Opérateur / Handling: ID

N° individu: 1833

capture id: 10516

Territoire: W  
Territory

Recapture  
yes   
no

Statut social  
Dominant   
Sub   
unknown

#### Measures

Masse corporelle / Body mass (g)	270g	SP
L. mandibule / Jaw (mm)	42.1	40.4
L. Patte ant. / Forefoot (mm)	39.4	37.6
L. Cubitus / Ulna (mm)	40.1	39.7
L. Patte post. / Hindfoot (mm)	50.6	48.0
L. Tibia (mm)	48.5	48.3
L. TC / Body length (cm)	21.50	
Larg. Tête zygomatique / Zygomatic width (mm)	38.60	37.6
Larg. Bassin / Basin width (mm)	27.20	25.9
Dist. Ano-Génitale (cm) (marmotton/pup only)	10.7	9.2

#### Marking

Transpondeur n° 956000003035923

Metal n° 0397

Oreille ear G/Left  D/Right

Plastic n° \_\_\_\_\_ 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

#### hemato

Comptages: cell count Ery: 1.13 x10<sup>6</sup> Leuco: 1.28 x10<sup>5</sup> Hematocrite: 0.1  
Htot: \_\_\_\_\_ Hématies: \_\_\_\_\_

Comments: kimeter obtus.

#### Echantillons / Samples : nbr + étiquette / label

Feces	<input type="checkbox"/>		
Poils / Hair	<input checked="" type="checkbox"/>		
Biopsy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV / Green tube	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV extract	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR / Red tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR extract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frotti / Blood smear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erythrocytes	<input checked="" type="checkbox"/>		
Leucocytes	<input checked="" type="checkbox"/>		
Hematocryte	<input checked="" type="checkbox"/>		
Jugal	<input type="checkbox"/>	<input type="checkbox"/>	
Bucal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Anal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
GB (telomeres) white blood cells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Stress	<input checked="" type="checkbox"/>		

<b>Action</b> pose <input type="checkbox"/> In retrait <input type="checkbox"/> Out H début/start: _____	<b>Implantation Id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> under skin H fin/end: _____	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	<b>Implant Id:</b> n° _____	<b>Type implant:</b> viene <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
<b>Action</b> pose <input type="checkbox"/> In retrait <input type="checkbox"/> Out H début/start: _____	<b>Implantation Id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> under skin H fin/end: _____	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	<b>Implant Id:</b> n° _____	<b>Type Implant:</b> viene <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
<b>Action</b> pose <input type="checkbox"/> In retrait <input type="checkbox"/> Out H début/start: _____	<b>Implantation Id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> under skin H fin/end: _____	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	<b>Implant Id:</b> n° _____	<b>Type implant:</b> viene <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>

**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 : \_\_\_\_\_  
capture delay

PS1  Heure: \_\_\_\_\_  
Time

PS2  Heure: \_\_\_\_\_  
Time

PS3  Heure: \_\_\_\_\_  
Time

Injection zoolétik: Qté / Qty: \_\_\_\_\_ Heure / Time: \_\_\_\_\_

Injection DM: Qté / Qty: \_\_\_\_\_ Heure / Time: \_\_\_\_\_

Injection ACTH: Qté / Qty: \_\_\_\_\_ Heure / Time: \_\_\_\_\_

**Comments:**