

Marmottes / Marmots Sassièrè

Date: 05/07/2017

Time: 17 h 30

N° fiche / sheet: 923

Opérateur / Handling: Tz

N° individu: 1835

capture id: 10518

Territoire: S  
Territory

Recapture yes   
no

Statut social

Dominant   
Sub   
unknown

Measures

Masse corporelle / Body mass (g) 350  
L. mandibule / Jaw (mm) 38.1  
L. Patte ant. / Forefoot (mm) 38.2  
L. Cubitus / Ulna (mm) 45.3  
L. Patte post. / Hindfoot (mm) 52.8  
L. Tibia (mm) 49.6  
L. TC / Body length (cm) 22  
Larg. Tête zygomatique / Zygomatic width (mm) 41.2  
Larg. Bassin / Basin width (mm) 29.4  
Dist. Ano-Génitale (cm) (marmotton/pup only) 12

Marking

Transpondeur n°



Paint

Metal n° 0395

Oreille ear G/Left  D/Right

Plastic n°

Oreille ear G/Left  D/Right

color

Implant yes  no

Age

0 Marmotton  Pup  
1 an  Yearling

2 ans  2 years old  
≥ 3 ans  ≥ 3 y

Echantillons / Samples : nbr + étiquette / label

Feces

Erythrocytes

Poils / Hair

Leucocytes

Biopsy

Hematocyte

TV / Green tube

Jugal

TV extact

Bucal

TR / Red tube

Anal

TR extract

GB (telomeres)    
white blood cells

Frotti / Blood smear

Stress

Statut Repro

Male  Scrotal yes   
no   
unknown

Female  Allaitante Lactating yes   
no   
unknown  Gestante Pregnant yes   
no   
unknown

Hemato

Comptages: cell count Ery: 1.16 x 10<sup>6</sup> Leuco: 1.84 x 10<sup>5</sup> Hematocrite: 0. Htot: Hématies:

Comments: kénédor délimité

<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> vienna <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
<b>Comments:</b>				
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<b>Comments:</b>				
<b>Chirurgie/Surgery</b> Début/start: _____ Fin/End: _____ Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anest. Local (Lurocaïne): _____ Anti-infl (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____  <b>Desimplantation</b> N° implant sous-cut / under skin: _____ N° implant Intra-abdo: _____ <b>Implantation</b> N° implant Intra-abdo: _____  Autres / Other: _____			<b>Stress</b> PS0 <input type="checkbox"/> délai : _____ Injection zooléit: Qté / Qty: _____ Heure / Time: _____ capture delay PS1 <input type="checkbox"/> Heure: _____ Injection DM: Qté / Qty: _____ Heure / Time: _____ Time PS2 <input type="checkbox"/> Heure: _____ Injection ACTH: Qté / Qty: _____ Heure / Time: _____ Time PS3 <input type="checkbox"/> Heure: _____ Time	
<b>Comments:</b>				