

Marmottes / Marmots Sassièrè

Date 07/07/2013

Time: 14h00

N° fiche / sheet: 226

Opérateur / Handling: JD

N° individu: 1838

capture id: 10521

Territoire: S
Territory

Recapture yes
no

Statut social

Dominant
Sub
unknown

Measures

Masse corporelle / Body mass (g)	700	SP
L. mandibule / Jaw (mm)	50,2	47,0
L. Patte ant. / Forefoot (mm)	42,8	42,4
L. Cubitus / Ulna (mm)	50,0	49,3
L. Patte post. / Hindfoot (mm)	57,5	57,5
L. Tibia (mm)	54,9	55,4
L. TC / Body length (cm)	25,5	
Larg. Tête zygomatique / Zygomatic width (mm)	45,0	46,0
Larg. Bassin / Basin width (mm)	37,9	37,7
Dist. Ano-Génitale (cm) (marmotton/pup only)	23,3	21,5

Marking

Transpondeur n° 956000003008935

Paint

Metal n° 0380 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 extract

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: Ery 6,26 x10⁵ Leuco: 3,02 x10⁵ Hematocrite: 0,64
cell count Htot: _____ Hématies: _____

Comments:

new metal
new transponder

TV / pendemain
TR

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: 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: _____ Anest. Local (Lurocaine): _____ 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 <input type="checkbox"/> délai : _____ Injection zoolétif: 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	
Comments:				