

Marmottes / Marmots Sassièrè

Date: 07/07/2017

Time: 10h00

N° fiche / sheet: 998

Opérateur / Handling: SP

N° individu: 1839

capture id: 10523

Territoire: W
Territory

Recapture
yes
no

Statut social

Dominant
Sub
unknown

Measures

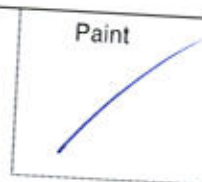
Masse corporelle / Body mass (g) 305
L. mandibule / Jaw (mm) 42,3
L. Patte ant. / Forefoot (mm) 36,8
L. Cubitus / Ulna (mm) 41,4
L. Patte post. / Hindfoot (mm) 51,6
L. Tibia (mm) 51,0
L. TC / Body length (cm) 21
Larg. Tête zygomatique / Zygomatic width (mm) 37,7
Larg. Bassin / Basin width (mm) 25,9
Dist. Ano-Génitale (cm) (marmotton/pup only) 9,2

Marking

Transpondeur n°



Paint



Metal n° Ø391

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 0

Poils / Hair 1

Biopsy 1

TV / Green tube 1

TV extract 1

TR / Red tube 0

TR extract 0

Frotti / Blood smear 1

Erythrocytes 1

Leucocytes 1

Hematocyte 0

Jugal 0

Bucal 1

Anal 1

GB (telomeres) 1
white blood cells

Stress 1

Statut Repro

Male Scrotal
yes
no
unknown

Female Allaitante Lactating
yes
no
unknown
Gestante Pregnant
yes
no
unknown

Comptages: Ery: 651 x10⁵ Leuco: 1,84 x10⁵ Hematocrite: 0, NA
cell count Htot: ___ Hématies: ___

Comments: new metal
new transponders

TV / Pendermain
TR
Ø391 ou Ø392

B

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

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H début/start: _____		H fin/end: _____		Comments:	

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