

Marmottes / Marmots Sassièrè

Date: 09/07/2017 Time: 19h N° fiche / sheet: 232 Opérateur / Handling: SP N° individu: 1315 capture id: 10527

Territoire: H Recapture yes no Statut social Dominant Sub unknown

Transpondeur n° 3036046 Paint
 Metal n° 0025 Oreille ear G/Left D/Right
 Plastic n° 38 Oreille ear G/Left D/Right color jaune
 Implant yes no

Measures

Masse corporelle / Body mass (g) 4000
 L. mandibule / Jaw (mm) 68.7
 L. Patte ant. / Forefoot (mm) 59.6
 L. Cubitus / Ulna (mm) 83.3
 L. Patte post. / Hindfoot (mm) 86.0
 L. Tibia (mm) 101.1
 L. TC / Body length (cm) 49
 Larg. Tête zygomatique / Zygomatic width (mm) 66.4
 Larg. Bassin / Basin width (mm) 72.7
 Dist. Ano-Génitale (cm) (marmotton/pup only) /

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: Ery: 883 x10⁵ Leuco: 7.89 x10⁵ Hematocrite: 0. 61
 cell count Htot: ___ Hématies: ___

Comments: 10 mamelles

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)
 Frotti / Blood smear Stress
 white blood cells

Action pose In <input type="checkbox"/> retrait Out <input type="checkbox"/> 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 neck <input type="checkbox"/>	Implant id: n° _____	Type implant: vienne <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: _____ Anhest. Local (Lurocaïne): _____ Anti-infl (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____			Stress PS0 <input type="checkbox"/> délai : _____ Injection zoolétit: Qté / Qty: _____ Heure / Time: _____ <small>capture delay</small> PS1 <input type="checkbox"/> Heure: _____ Injection DM: Qté / Qty: _____ Heure / Time: _____ <small>Time</small> PS2 <input type="checkbox"/> Heure: _____ Injection ACTH: Qté / Qty: _____ Heure / Time: _____ <small>Time</small> PS3 <input type="checkbox"/> Heure: _____ <small>Time</small>	
Desimplantation N° implant sous-cut / under skin: _____ N° implant Intra-abdo: _____			Comments:	
Implantation N° implant Intra-abdo: _____				
Autres / Other: _____				