

Marmottes / Marmots Sassièrè

Date: 11/07/2017 Time: 16 h 00 N° fiche / sheet: 233 Opérateur / Handling: SP N° individu: 1298 capture id: 10528

Territoire: E Adult Recapture yes no Statut social Dominant Sub unknown

Measures
 Masse corporelle / Body mass (g) 4050g
 L. mandibule / Jaw (mm) 604
 L. Patte ant. / Forefoot (mm) 597
 L. Cubitus / Ulna (mm) 860
 L. Patte post. / Hindfoot (mm) 820
 L. Tibia (mm) 960
 L. TC / Body length (cm) 48,0
 Larg. Tête zygomatique / Zygomatic width (mm) 66,3
 Larg. Bassin / Basin width (mm) 64,2
 Dist. Ano-Génitale (cm) (marmotton/pup only)

Marking
 Transpondeur n° -3046573 Paint
 Metal n° 0318 Oreille ear G/Left D/Right
 Plastic n° 327 Oreille ear G/Left D/Right color vert
 Implant yes no

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: 120x10⁶ Leuco: 4,86x10⁵ Hematocrite: 0, 61
 Htot: ___ Hématies: ___

Comments: New metal & plastic

Echantillons / Samples : nbr + étiquette / label
 Feces
 Poils / Hair
 Biopsy
 TV / Green tube
 TV extact
 TR / Red tube
 TR extract
 Frotti / Blood smear
 Erythrocytes
 Leucocytes
 Hematocyte
 Jugal
 Bucal
 Anal
 GB (telomeres)
 white blood cells
 Stress

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: 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 zoolétil: 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	
Desimplantation N° implant sous-cut / under skin: _____ N° implant Intra-abdo: _____			Comments:	
Implantation N° implant Intra-abdo: _____				
Autres / Other: _____				