

Marmottes / Marmots Sassièrè

Date: 11/07/2017 Time: 18h 30 N° fiche / sheet: 235 Opérateur / Handling: SP N° individu: 1099 capture id: 10530

Territoire: N Recapture yes no Statut social Dominant Sub unknown

Transpondeur n° -3044 970 Paint
 Metal n° 0378 Oreille ear G/Left D/Right
 Plastic n° 466 Oreille ear G/Left D/Right color bleu
 Implant yes no

Measures
 Masse corporelle / Body mass (g) 4550
 L. mandibule / Jaw (mm) 72.6
 L. Patte ant. / Forefoot (mm) 61.6
 L. Cubitus / Ulna (mm) 91.3
 L. Patte post. / Hindfoot (mm) 84.8
 L. Tibia (mm) 164.3
 L. TC / Body length (cm) 50.0
 Larg. Tête zygomatique / Zygomatic width (mm) 68.0
 Larg. Bassin / Basin width (mm) 65.7
 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: 1.17.10⁶ x10 Leuco: 8.15.10⁵ x10 Hematocrite: 0.63
 cell count Htot: ___ Hématies: ___

Comments: New postag

Echantillons / Samples : nbr + étiquette / label

Feces <input type="checkbox"/>	Erythrocytes <input checked="" type="checkbox"/>
Poils / Hair <input checked="" type="checkbox"/>	Leucocytes <input checked="" type="checkbox"/>
Biopsy <input checked="" type="checkbox"/> ○	Hematocyte <input checked="" type="checkbox"/>
TV / Green tube <input checked="" type="checkbox"/> ○ ○	Jugal <input checked="" type="checkbox"/> ○
TV extract <input checked="" type="checkbox"/> ○ ○	Bucal <input checked="" type="checkbox"/> ○
TR / Red tube <input checked="" type="checkbox"/> ○ ○	Anal <input checked="" type="checkbox"/> ○
TR extract <input checked="" type="checkbox"/> ○ ○	GB (telomeres) <input checked="" type="checkbox"/> ○
Frotti / Blood smear <input checked="" type="checkbox"/> ○	Stress <input checked="" type="checkbox"/>

B

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"/> <small>under skin</small> H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/> <small>neck</small>	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: _____

Desimplantation

N° implant sous-cut / *under skin*: _____

N° implant Intra-abdo: _____

Implantation

N° implant Intra-abdo: _____

Autres / *Other*: _____

Stress

PS0 délai : _____ Injection zoolétail: Qté / Qty: _____ Heure / Time: _____
capture delay

PS1 Heure: _____ Injection DM: Qté / Qty: _____ Heure / Time: _____
Time

PS2 Heure: _____ Injection ACTH: Qté / Qty: _____ Heure / Time: _____
Time

PS3 Heure: _____
Time

Comments: