

A health evaluation in a colony of captive collared peccaries (*Tayassu tajacu*) in the eastern Amazon

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Abstract

This study pretends to determine baseline data on the health and mortality of a colony of captive collared peccaries in the Eastern Amazon (Belém, State of Pará, Brazil) during a 65-months survey. Thirty-nine out of 166 animals (23.5%) died and were examined post-mortem. Monthly mortality averaged 1.2%. The highest mortality rate was observed in newborns (74.4%). Abandonment by the mother and aggression were responsible for 24.1% and 13.8% of the total newborn deaths, respectively. Most frequent causes of non-neonatal death were food poisoning (50.0%) due to an episode of accidental bitter cassava leaves ingestion and traumatism due to aggressions between animals (10.0%). Results from serology for different infectious diseases showed that 4.9% (2/41) collared peccaries had antibodies against *Brucella* spp. and 9.8% (4/41) animals had antibodies to two different *Leptospira* spp. serovars, *butembo* and *autumnalis*. This is the first survey of morbidity and mortality in captive collared peccaries in the Amazon region.

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1. Introduction

The collared peccary (*Tayassu tajacu*) is a widespread mammal in the American continent and represents an important source of meat, appearing as the most hunted species in the Amazon region (Bodmer et al., 1997). For that reason, it has been considered an interesting species

to be included in captive breeding programs (Bodmer et al., 1997; Sows, 1997). Few information has been published so far on the potential and requirements for breeding this species in captivity. Nevertheless, this situation is changing and more information is being produced on the biology and management of this species in captivity (Nogueira Filho and Nogueira, 2004; Mayor et al., 2005). Reliable knowledge on the pathology of the collared peccary is scarce and most of the existing studies were conducted in free-ranging populations from semi-arid regions in Texas and Arizona (Samuel and Low, 1970; Sows, 1997; Noon et al., 2003). Baseline data on health aspects

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