

Marmottes Sassièrè / Marmots Sassièrè

1287


Date 20/05/2013 Time 12h30 N° Capture 19 Mesureur / Handling Cohas

Group Ph Piège/Trap _____

Recapture année précédente yes même année
previous year no same year

Marking

Transpondeur	n°	<u>6F23817</u>	Color
Metal	n°	<u>100</u>	Oreille / ear <u>06</u>
Plastic	n°	_____	Oreille / ear _____ color _____



jaune

Logger yes no

Age

M	Pup	<input type="checkbox"/>
Y	Yearling	<input type="checkbox"/>
2 ans	2 years old	<input checked="" type="checkbox"/>
Autres	Other	<input type="checkbox"/>

Sex

Male	<input checked="" type="checkbox"/>	Scrotal	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	unknown	<input type="checkbox"/>
Female	<input type="checkbox"/>	Allaitante	yes	<input type="checkbox"/>	Gestante	yes	<input type="checkbox"/>	<input type="checkbox"/>
		Lactating	no	<input type="checkbox"/>	Pregnant	no	<input type="checkbox"/>	<input type="checkbox"/>
			unknown	<input type="checkbox"/>		unknown	<input type="checkbox"/>	<input type="checkbox"/>

Status

Dominant	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	unknown	<input type="checkbox"/>
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Remarques / comments

Measures

Masse corporelle / Body mass (g) 3630

Bioimpedance photo n° _____ Re _____ Ri _____

L. mandibule / Jaw (mm) 72,58

L. Patte ant. / Forefoot (mm) 56,10

L. Cubitus / Ulna (mm) 90,50

L. Patte post. / Hindfoot (mm) 85,63

L. Tibia / Tibia (mm) 103,07

L. TC / Body length (cm) 49

Larg. Tête zygomatique / Zygomatic width (mm) 76,74

Larg. Bassin / Basin width (mm) 63,51

L. Incisives sup / Upper incisor (mm) _____

L. testicule / testes (mm) Droite / right _____ Gauche / left _____

Prélèvements / Samples

Crottes	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	feces
Poils	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	hair
Biopsie	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Biopsy
TV (sang)	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Green tube
TV extract: nb:	_____				
TR (sang)	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Red tube
TR extract: nb:	_____				
Frotti	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Blood smear
Eurytic	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Eurytic
Leucotic	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Leucotic
Hematocyte	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Hematocyte

Htot: 43,26 Hred: 28,23

Phéromones J	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Jugal
Phéromones B	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Bucal
Phéromones A	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Anal

Implantation

Masse implant sous-cut: _____

Masse implant Intra-abdo: _____

Début: _____

Fin: _____

Injection: _____ H: _____

Injection: _____ H: _____

Injection: _____ H: _____

Anti-infl (Metacam): _____ H: _____

Antibio (Baytril): _____ H: _____

Autres: _____