

Marmottes Sassièrè / Marmots Sassièrè

Date 22 10 2013

Time 17h 24

N° Capture 46



Mesureur / Handling Cobus

1410

Group Y NAKM

Piège/Trap _____

Recapture année précédente previous year yes no même année same year

Marking	Transpondeur n°  Color 
	Metal n° <u>0002</u> Oreille / ear <u>OG</u>
	Plastic n° _____ Oreille / ear _____ color _____
	Logger yes <input type="checkbox"/> no <input checked="" type="checkbox"/>

Age

M <i>Pup</i>	<input type="checkbox"/>
Y <i>Yearling</i>	<input checked="" type="checkbox"/>
2 ans <i>2 years old</i>	<input type="checkbox"/>
Autres <i>Other</i>	<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 <i>Lactating</i>	yes <input type="checkbox"/>	no <input type="checkbox"/>	unknown <input type="checkbox"/>
	Gestante <i>Pregnant</i>	yes <input type="checkbox"/>	no <input type="checkbox"/>	unknown <input type="checkbox"/>

Status

Dominant yes no unknown

Remarques / comments

Measures

Masse corporelle / Body mass (g) 2,560

Bioimpedance photo n° _____ Re _____ Ri _____

L. mandibule / Jaw (mm) 67.42

L. Patte ant. / Forefoot (mm) 57.32

L. Cubitus / Ulna (mm) 82.09

L. Patte post. / Hindfoot (mm) 83.88

L. Tibia / Tibia (mm) 101.07

L. TC / Body length (cm) 43.5

Larg. Tête zygomatique / Zygomatic width (mm) 60.81

Larg. Bassin / Basin width (mm) 59.17

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 type="checkbox"/>	no <input checked="" type="checkbox"/>	Green tube
TV extract: nb:	_____		
TR (sang)	yes <input type="checkbox"/>	no <input checked="" 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
Hématocyte	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Hematocyte
Htot:	_____	Hred:	_____
Phéromones J	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Jugal
Phéromones B	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Bucal
Phéromones A	yes <input checked="" 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: _____