

Marmottes Sassièrè / Marmots Sassièrè

Date 27 / 05 / 2013

Time 12 h 40

N° Capture 74

Mesureur / Handling Cohes

1421 ?

Group Ben 4

Piège/Trap _____

Recapture année précédente yes même année
previous year no same year

| | | |
|---------|---|-------|
| Marking | Transpondeur n° 00070B1F65 | Color |
| | Metal n° _____ Oreille / ear _____ | |
| | Plastic n° _____ Oreille / ear _____ color _____ | |
| | Logger yes <input type="checkbox"/> no <input type="checkbox"/> | |

| | | | | | | |
|---|---------------------------------------|---|--|--|--|--|
| Age | M <i>Pup</i> <input type="checkbox"/> | <table border="1" style="width: 100%; height: 100px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | | | | |
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| | | | | | | |
| Y <i>Yearling</i> <input type="checkbox"/> | | | | | | |
| 2 ans <i>2 years old</i> <input type="checkbox"/> | | | | | | |
| Autres <i>Other</i> <input type="checkbox"/> | | | | | | |

| | |
|-----|--|
| Sex | Male <input type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/> |
| | Female <input checked="" type="checkbox"/> Allaitante <i>Lactating</i> yes <input checked="" 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 <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/> |
|--------|---|

Remarques / comments _____

Measures

Masse corporelle / Body mass (g) 3-860

Bioimpedance photo n° _____ Re _____ Ri _____

L. mandibule / Jaw (mm) 70,36

L. Patte ant. / Forefoot (mm) 58,50

L. Cubitus / Ulna (mm) 89,51

L. Patte post. / Hindfoot (mm) 90,33

L. Tibia / Tibia (mm) 103,42

L. TC / Body length (cm) 49

Larg. Tête zygomatique/ Zygomatic width (mm) 67,60

Larg. Bassin / Basin width (mm) 71,40

L. Incisives sup / Upper incisor (mm) _____

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

Prélèvements / Samples

Crottes yes no feces

Poils yes no hair

Biopsie yes no Biopsy

TV (sang) yes no Green tube
TV extract: nb: _____

TR (sang) yes no Red tube
TR extract: nb: _____

Frotti yes no Blood smear

Eurytic yes no Eurytic

Leucotic yes no Leucotic

Hématocyte yes no Hematocyte

Htot: _____ Hred: _____

Phéromones J yes no Jugal

Phéromones B yes no Bucal

Phéromones A yes no 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: _____