

Marmottes Sassièrre / Marmots Sassièrre

1360

Date 30 / 05 / 20 13

Time 15 h 00

N° Capture 106

Mesureur / Handling _____

Group N3

Piège/Trap _____

Recapture année précédente / previous year yes no même année / same year 2nd capt

Marking

	Transpondeur	n°	<u>6F3E363</u>	Color	
	Metal	n°	<u>K0715</u> Oreille / ear <u>OD</u>		
	Plastic	n°	_____ Oreille / ear _____ color _____		
	Logger	yes	<input type="checkbox"/>	no	<input type="checkbox"/>

Age

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

Status

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

Measures

Masse corporelle / Body mass (g) 7,500g - le sac =

L. mandibule / Jaw (mm) _____

L. Patte ant. / Forefoot (mm) _____

L. Cubitus / Ulna (mm) _____

L. Patte post. / Hindfoot (mm) _____

L. Tibia / Tibia (mm) _____

L. TC / Body length (cm) _____

Larg. Tête zygomatique / Zygomatic width (mm) _____

Larg. Bassin / Basin width (mm) _____

L. Incisives sup / Upper incisor (mm) _____

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

Prélèvements / Samples

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

Remarques / comments