

Marmottes Sassièrre / Marmots Sassièrre

1346

Date 12/06/2013

Time 9h50

N° Capture 182

Mesureur / Handling _____

Group 4

Piège/Trap _____

Recapture année précédente / previous year yes no

même année / same year 25

Marking	Transpondeur n° <u>6F3F629</u>	Color
	Metal n° <u>K299</u> Oreille / ear <u>06</u>	
	Plastic n° _____ Oreille / ear _____ color _____	
	Logger yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	

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

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 <input type="checkbox"/>	no <input checked="" type="checkbox"/>	unknown <input type="checkbox"/>

Measures

Masse corporelle / Body mass (g) 3000 - 1600 = 1400g

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 checked="" type="checkbox"/>	feces	
Poils	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	hair	
Biopsie	yes <input type="checkbox"/>	no <input checked="" 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 type="checkbox"/>	no <input checked="" type="checkbox"/>	Blood smear	
Eurytic	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Eurytic	
Leucotic	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Leucotic	
Hematocyte	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Hematocyte	Htot: _____ Hred: _____
Phéromones J	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Jugal	
Phéromones B	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Bucal	
Phéromones A	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Anal	

Remarques / comments