

Marmottes Sassièrre / Marmots Sassièrre

1397

Date 13/06/2013 Time 17h30 N° Capture 492 Mesureur / Handling _____

Group P3 Piège/Trap _____

Recapture
 année précédente / previous year: yes no
 même année / same year: 5^e

Marking

Transpondeur	n°	<u>GF1F37C</u>	Color	
Metal	n°	<u>K0219</u> Oreille / ear <u>GD</u>		
Plastic	n°	_____ Oreille / ear _____ color _____		
Logger	yes	<input type="checkbox"/>		no

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 checked="" type="checkbox"/>	unknown	<input type="checkbox"/>
		Gestante / Pregnant	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	unknown	<input type="checkbox"/>

Status

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

Masse corporelle / Body mass (g) _____

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
TR (sang)	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Red tube
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
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

TV extract: nb: _____

TR extract: nb: _____

Htot: _____ Hred: _____

Remarques / comments