

# Marmottes Sassièrre / Marmots Sassièrre

Date 4 / 06 / 20 13 Time 12 h 15 N° Capture 142 Mesureur / Handling Tajani 1355

Group # Piège/Trap \_\_\_\_\_

Recapture année précédente previous year yes  no  même année same year

**Marking**

Transpondeur n° 6F24P14 Color \_\_\_\_\_

Metal n° R0779 Oreille / ear OG

Plastic n° \_\_\_\_\_ Oreille / ear \_\_\_\_\_ color \_\_\_\_\_

Logger yes  no

**Age**

M *Pup*

Y *Yearling*

2 ans *2 years old*

Autres *Other*

**Sex**

Male  Scrotal yes  no  unknown

Female  Allaitante *Lactating* yes  no  unknown  Gestante *Pregnant* yes  no  unknown

**Status**

Dominant yes  no  unknown

**Measures**

Masse corporelle / Body mass (g) 1,040

L. mandibule / Jaw (mm) 51,60

L. Patte ant. / Forefoot (mm) 50,99

L. Cubitus / Ulna (mm) 60,35

L. Patte post. / Hindfoot (mm) 67,83

L. Tibia / Tibia (mm) ~~67,83~~ 70,48

L. TC / Body length (mm) 33,5

Larg. Tête zygomatique / Zygomatic width (mm) 48,02

Larg. Bassin / Basin width (mm) 41,77

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 checked="" type="checkbox"/>	no <input 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	
Hematocyte	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Hematocyte	Htot: <u>28,95</u> Hred: <u>16,44</u>
Phéromones J	yes <input type="checkbox"/>	no <input checked="" 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	

Remarques / comments

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