

# Marmottes Sassièrè / Marmots Sassièrè

1353

Date 08 / 06 / 20 13 Time 9 h 30 N° Capture 158 Mesureur / Handling \_\_\_\_\_

Group N Piège/Trap \_\_\_\_\_

Recapture année précédente  previous year même année  same year 2<sup>e</sup>

**Marking**

Transpondeur n° <u>6F20E05</u>	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"/>
Y <i>Yearling</i>	<input checked="" type="checkbox"/>
2 ans <i>2 years old</i>	<input type="checkbox"/>
Autres <i>Other</i>	<input type="checkbox"/>

**Sex**

Male	<input checked="" 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 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"/>
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**Measures**

Masse corporelle / Body mass (g) 875g

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 (mm) \_\_\_\_\_

Larg. Tête zygomatique / Zygomatic width (mm) \_\_\_\_\_

Larg. Bassin / Basin width (mm) \_\_\_\_\_

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 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	
Hématocyte	yes <input type="checkbox"/>	no <input type="checkbox"/>	Hématocyte	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

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