

Marmottes Sassièrè / Marmots Sassièrè

1622

Date 08/06/2013 Time 13h00 N° Capture 165 Mesureur / Handling _____

Group T Piège/Trap _____

Recapture année précédente previous year même année same year 2ème

Marking

Transpondeur	n°	<u>7080A34</u>	Color
Metal	n°	<u>4750</u>	Oreille / ear <u>OG</u>
Plastic	n°	_____	Oreille / ear _____ color _____
Logger	yes	<input type="checkbox"/>	no <input checked="" type="checkbox"/>

Age

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

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

Status

Dominant yes no unknown

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) _____

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

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