

Marmottes Sassièrè / Marmots Sassièrè

n° 1258

Date 08/06/2013 Time 17h05 N° Capture 167 Mesureur / Handling _____

Group B. talus Piège/Trap _____

Recapture année précédente / previous year yes no même année / same year 2nd 4e

Marking

| | | | |
|--------------|-----|--------------------------|--|
| Transpondeur | n° | <u>6F1F8BE</u> | Color |
| Metal | n° | <u>0024</u> | Oreille / ear <u>OG</u> |
| Plastic | n° | <u>308</u> | Oreille / ear <u>OD</u> color <u>Saune</u> |
| 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 type="checkbox"/> |
| Autres | Other | <input checked="" type="checkbox"/> <u>adulte 3</u> |

Sex

| | | | | | |
|--------|-------------------------------------|------------------------|---|-----------------------------|----------------------------------|
| Male | <input checked="" type="checkbox"/> | Scrotal | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/> | unknown <input type="checkbox"/> |
| Female | <input type="checkbox"/> | Allaitante / Lactating | yes <input type="checkbox"/> | no <input type="checkbox"/> | unknown <input type="checkbox"/> |
| | | Gestante / Pregnant | yes <input type="checkbox"/> | no <input type="checkbox"/> | unknown <input type="checkbox"/> |

Status

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

Measures

Masse corporelle / Body mass (g) 3400g

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

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