

Marmottes Sassièrè / Marmots Sassièrè

1307

Date 09 12 20 13 Time 11 h 30 N° Capture 169 Mesureur / Handling _____

Group P1 Piège/Trap _____

Recapture année précédente previous year yes no même année same year 2e

Marking

Transpondeur	n°	<u>5 FIEDDA</u>	Color
Metal	n°	<u>K0091</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 <input type="checkbox"/>	no <input checked="" type="checkbox"/>	unknown <input type="checkbox"/>
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Measures

Masse corporelle / Body mass (g) 5050 - 1600 = 3450

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) _____

L. 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 checked="" type="checkbox"/>	hair
Biopsie	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Biopsy
TV (sang)	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Green tube
TR (sang)	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Red tube
Frotti	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Blood smear
Eurytic	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Eurytic
Leucotic	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Leucotic
Hématocryte	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Hematocryte
Phéromones J	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Jugal
Phéromones B	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Bucal
Phéromones A	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Anal

TV extract: nb: _____

TR extract: nb: _____

Htot: _____ Hred: _____

Remarques / comments

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