

# Marmottes Sassièrè / Marmots Sassièrè

no. ind = 1846

Date 10 06 / 20 13 Time 13 h 50 N° Capture 175 Mesureur / Handling \_\_\_\_\_

Group H Piège/Trap \_\_\_\_\_

Recapture année précédente previous year yes  no  même année same year  4<sup>e</sup>

|                |              |                              |   |       |
|----------------|--------------|------------------------------|---|-------|
| <b>Marking</b> | Transpondeur | n°                           | <u>GF3 F629</u>                             | Color |
|                | Metal        | n°                           | <del>K294</del> Oreille / ear <u>OG</u>     |       |
|                | Plastic      | n°                           | <u>K294</u> Oreille / ear _____ color _____ |       |
|                | Logger       | yes <input type="checkbox"/> | no <input checked="" 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 checked="" type="checkbox"/> | unknown <input type="checkbox"/> |
| Female | <input 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"/> |
|----------|------------------------------|--|----------------------------------|

## Measures

Masse corporelle / Body mass (g) 1150 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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