

Marmottes Sassièrè / Marmots Sassièrè

1427

Date 13 / 06 / 20 13

Time 19 h 15

N° Capture 193

Mesureur / Handling _____

Group V

Piège/Trap _____

Measures

Masse corporelle / Body mass (g) _____

1850

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 _____

Recapture
 année précédente / previous year
 yes no

même année / same year
 2^e

Marking	Transpondeur n° <u>208D023</u>	Color
	Metal n° <u>82</u> Oreille / ear <u>05</u>	
	Plastic n° _____ Oreille / ear _____ color _____	
	Logger yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/>	

Age	M Pup <input type="checkbox"/>
	Y Yearling <input checked="" type="checkbox"/>
	2 ans 2 years old <input 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 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 type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
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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
Hématocryte	yes <input type="checkbox"/>	no <input type="checkbox"/>	Hématocryte
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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