

# Marmottes Sassièrè / Marmots Sassièrè

1379

Date 13/06/2013

Time 8 h 30

N° Capture 218

Mesureur / Handling \_\_\_\_\_

Group E Piège/Trap \_\_\_\_\_

**Measures**

Masse corporelle / Body mass (g) 2,525g

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 \_\_\_\_\_

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

Marking   
 Transpondeur n° 708 DØAG Color \_\_\_\_\_   
 Metal n° KØ270 Oreille / ear ØD   
 Plastic n° \_\_\_\_\_ Oreille / ear \_\_\_\_\_ color \_\_\_\_\_   
 Logger yes  no

Age   
 M Pup    
 Y Yearling    
 2 ans 2 years old    
 Autres Other

Sex   
 Male  Scrotal yes  no  unknown    
 Female  Allaitante / Lactating yes  no  unknown    
 Gestante / Pregnant yes  no  unknown

Status   
 Dominant yes  no  unknown

**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	TV extract: nb: _____
TR (sang)	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Red tube	TR extract: nb: _____
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"/>	Hématocryte	Htot: _____ Hred: _____
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	

Remarques / comments

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