

# Marmottes Sassièrè / Marmots Sassièrè

1409

Date 24/06/2013 Time 14h00 N° Capture 222 Mesureur / Handling \_\_\_\_\_

Group E Piège/Trap \_\_\_\_\_

Recapture année précédente / previous year yes  no  même année / same year  3

**Marking**

Transpondeur n° 707206F Color \_\_\_\_\_

Metal n° 6078 Oreille / ear OG

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

**Measures**

Masse corporelle / Body mass (g) pas pesé (capturée 2x le même jour)

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 zygomatic / 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  | 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    |                         |
| Hematocyte   | yes <input type="checkbox"/> | no <input checked="" type="checkbox"/> | Hematocyte  | 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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