


Marmottes Sassièr / Marmots Sassièr

Date 10 / 07 / 20 13 Time 9 h 00 N° Capture 294 Mesureur / Handling Cohas 1496

Group ✓ Piège/Trap _____

Recapture année précédente même année
previous year *same year*
no

Marking

Transpondeur	n°		Color
Metal	n° <u>593</u>	Oreille / ear <u>OD</u>	
Plastic	n° _____	Oreille / ear _____	color _____
Logger	yes <input type="checkbox"/>	no <input type="checkbox"/>	

Age

M Pup	<input checked="" type="checkbox"/>
Y Yearling	<input type="checkbox"/>
2 ans 2 years old	<input type="checkbox"/>
Autres Other	<input type="checkbox"/>

Sex

Male	<input type="checkbox"/>	Scrotal	yes <input type="checkbox"/>	no <input type="checkbox"/>	unknown <input type="checkbox"/>
Female	<input checked="" 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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Remarques / comments

Measures

Masse corporelle / Body mass (g) 395 g

Bioimpedance photo n° _____ Re _____ Ri _____

L. mandibule / Jaw (mm) 45.14

L. Patte ant. / Forefoot (mm) 38.16

L. Cubitus / Ulna (mm) 42.82

L. Patte post. / Hindfoot (mm) 54.11

L. Tibia / Tibia (mm) 55.71

L. TC / Body length (mm) 22.5

Larg. Tête zygomatique / Zygomatic width (mm) 40.36

Larg. Bassin / Basin width (mm) 27.42

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 checked="" type="checkbox"/>	no <input type="checkbox"/>	hair
Biopsie	yes <input checked="" type="checkbox"/>	no <input 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
Hématocyte	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Hematocyte
Phéromones J	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Jugal
Phéromones B	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Bucal
Phéromones A	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Anal

Htot: _____ Hred: _____

Implantation

Masse implant sous-cut: _____

Masse implant Intra-abdo: n=30 perfixe

Début: 13h10

Fin: 13h47

Injection: 0.11 H: 12h35

Injection: _____ H: _____

Injection: _____ H: _____

Anti-infl (Metacam): 0.03 H: 13h44

Antibio (Baytril): 0.07 H: 12h47

Autres: 4pts simple 2/0
- suget 3/0
- 3 pts U 2/0

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