

Marmottes Sassièrè / Marmots Sassièrè

Date 21/05/2012

Time 16h39

N° Capture 36



Mesureur / Handling Cohen

1407

Group Z

Piège/Trap _____

Recapture année précédente yes même année
previous year no same year

Marking	Transpondeur n°  Color 
	Metal n° <u>0095</u> Oreille / ear <u>06</u>
	Plastic n° _____ Oreille / ear _____ color _____
	Logger yes <input checked="" type="checkbox"/> no <input type="checkbox"/>

Measures

Masse corporelle / Body mass (g) 1,690

Bioimpedance photo n° _____ Re _____ Ri _____

L. mandibule / Jaw (mm) 55,63

L. Patte ant. / Forefoot (mm) 52,89

L. Cubitus / Ulna (mm) 69,17

L. Patte post. / Hindfoot (mm) 79,21

L. Tibia / Tibia (mm) 88,00

L. TC / Body length (mm) 37,00

Larg. Tête zygomatique / Zygomatic width (mm) 52,57

Larg. Bassin / Basin width (mm) 47,46

L. Incisives sup / Upper incisor (mm) _____

L. testicule / testes (mm) Droite / right _____ Gauche / left _____

Age

M Pupa	<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 no unknown

Remarques / comments _____

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
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 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

Implantation

Masse implant sous-cut: ✓

Masse implant Intra-abdo: ns2

Début: 17h32

Fin: 17h58

Injection: 0.4 H: 17h10

Injection: _____ H: _____

Injection: _____ H: _____

Anti-infl (Metacam): 0.10 H: 18h00

Antibio (Baytril): 0.15 H: 17h55

Autres: _____

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