

# Marmottes Sassièrè / Marmots Sassièrè

Date 23 / 05 / 20 13

Time 14 h 40

N° Capture 52



Mesureur / Handling Cheo

1414

Group Y

Piège/Trap \_\_\_\_\_

Recapture année précédente yes  même année   
previous year no  same year

<b>Marking</b>	Transpondeur n°	 0007071922	Color 
	Metal n° <u>0055</u> Oreille / ear <u>06</u>		
	Plastic n° _____ Oreille / ear _____ color _____		
	Logger yes <input type="checkbox"/> no <input checked="" type="checkbox"/>		

**Age**

M Pupa	<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 checked="" type="checkbox"/>	Scrotal	yes <input type="checkbox"/>	no <input 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 type="checkbox"/>	unknown <input type="checkbox"/>
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Remarques / comments marque longie patte ~~drate~~

**Measures**

Masse corporelle / Body mass (g) 2.350

Bioimpedance photo n° \_\_\_\_\_ Re \_\_\_\_\_ Ri \_\_\_\_\_

L. mandibule / Jaw (mm) 65,42

L. Patte ant. / Forefoot (mm) 55,40

L. Cubitus / Ulna (mm) 80,47

L. Patte post. / Hindfoot (mm) 82,30

L. Tibia / Tibia (mm) 96,54

L. TC / Body length (mm) 43,10

Larg. Tête zygomatique / Zygomatic width (mm) 59,61

Larg. Bassin / Basin width (mm) 58,86

L. Incisives sup / Upper incisor (mm) \_\_\_\_\_

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

**Prélèvements / Samples**

Crottes	yes <input checked="" 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 checked="" type="checkbox"/>	no <input type="checkbox"/>	Green tube
TR (sang)	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Red tube
Frotti	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Blood smear
Eurytic	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Eurytic
Leucotic	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Leucotic
Hématocyte	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Hematocyte
Htot:	<u>52,42</u>	Hred:	<u>37,79</u>
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

**Implantation**

Masse implant sous-cut: \_\_\_\_\_

Masse implant Intra-abdo: \_\_\_\_\_

Début: \_\_\_\_\_

Fin: \_\_\_\_\_

Injection: \_\_\_\_\_ H: \_\_\_\_\_

Injection: \_\_\_\_\_ H: \_\_\_\_\_

Injection: \_\_\_\_\_ H: \_\_\_\_\_

Anti-infl (Metacam): \_\_\_\_\_ H: \_\_\_\_\_

Antibio (Baytril): \_\_\_\_\_ H: \_\_\_\_\_

Autres: \_\_\_\_\_

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