

# Marmottes Sassièr / Marmots Sassièr

1361

Date 26 / 05 / 2013

Time 15 h 48

N° Capture 69

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

Group N3

Piège/Trap \_\_\_\_\_

### Measures

Masse corporelle / Body mass (g)

1 380

Recapture année précédente / previous year yes  no

même année / same year  2<sup>e</sup> capture

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 \_\_\_\_\_

|         |  |  |
|---------|--|--|
| Marking | Transpondeur n° <u>6F1EEFF</u>   | Color  |
|         | Metal n° <u>K0292</u> Oreille / ear <u>00</u>                              | <br><u>rose</u> |
|         | Plastic n° _____ Oreille / ear _____ color _____                           |  |
|         | Logger yes <input type="checkbox"/> no <input checked="" type="checkbox"/> |  |

|     |                          |                                     |
|-----|--------------------------|-------------------------------------|
| Age | M <i>Pup</i>             | <input type="checkbox"/>            |
|     | Y <i>Yearling</i>        | <input checked="" type="checkbox"/> |
|     | 2 ans <i>2 years old</i> | <input type="checkbox"/>            |
|     | Autres <i>Other</i>      | <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 checked="" type="checkbox"/> | unknown <input type="checkbox"/> |
|     |  | Gestante / Pregnant    | yes <input type="checkbox"/> | no <input checked="" type="checkbox"/> | unknown <input type="checkbox"/> |

|        |          |                              |  |                                  |
|--------|----------|------------------------------|--|----------------------------------|
| Status | Dominant | yes <input type="checkbox"/> | no <input checked="" type="checkbox"/> | unknown <input type="checkbox"/> |
|        |          |                              |  |                                  |

### Prélèvements / Samples

|              |                              |                             |             |                         |
|--------------|------------------------------|-----------------------------|-------------|-------------------------|
| Crottes      | yes <input type="checkbox"/> | no <input type="checkbox"/> | feces       |                         |
| Poils        | yes <input type="checkbox"/> | no <input type="checkbox"/> | hair        |                         |
| Biopsie      | yes <input type="checkbox"/> | no <input type="checkbox"/> | Biopsy      |                         |
| TV (sang)    | yes <input type="checkbox"/> | no <input type="checkbox"/> | Green tube  | TV extract: nb: _____   |
| TR (sang)    | yes <input type="checkbox"/> | no <input type="checkbox"/> | Red tube    | TR extract: nb: _____   |
| Frotti       | yes <input type="checkbox"/> | no <input type="checkbox"/> | Blood smear |                         |
| Eurytic      | yes <input type="checkbox"/> | no <input type="checkbox"/> | Eurytic     |                         |
| Leucotic     | yes <input type="checkbox"/> | no <input type="checkbox"/> | Leucotic    |                         |
| Hématocryte  | yes <input type="checkbox"/> | no <input type="checkbox"/> | Hématocryte | 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        |                         |

Remarques / comments

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