

# Marmottes Sassièrre / Marmots Sassièrre

1438 1438

Date 20/05/2014

Time \_\_\_h\_\_\_

N° Capture 81

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

Group E

Piège/Trap \_\_\_\_\_

Recapture année précédente / previous year yes  no

même année / same year  2

Marking	Transpondeur n° <u>708BCA8</u>	Color
	Metal n° <u>033</u> Oreille / ear <u>OG</u>	
	Plastic n° _____ Oreille / ear _____ color _____	
	Logger yes <input type="checkbox"/> no <input 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 checked="" type="checkbox"/>	Scrotal	yes <input type="checkbox"/>	no <input type="checkbox"/>	unknown <input type="checkbox"/>
	Female <input type="checkbox"/>	Allaitante <i>Lactating</i>	yes <input type="checkbox"/>	no <input type="checkbox"/>	unknown <input type="checkbox"/>
		Gestante <i>Pregnant</i>	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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## Measures

Masse corporelle / Body mass (g)	<u>1900</u>
L. mandibule / Jaw (mm)	<u>/</u>
L. Patte ant. / Forefoot (mm)	<u>/</u>
L. Cubitus / Ulna (mm)	<u>/</u>
L. Patte post. / Hindfoot (mm)	<u>/</u>
L. Tibia / Tibia (mm)	<u>/</u>
L. TC / Body length (cm)	<u>/</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>/</u>
Larg. Bassin / Basin width (mm)	<u>/</u>
L. Incisives sup / Upper incisor (mm)	<u>/</u>
L. testicule / testes (mm) Droite / right <u>/</u> Gauche / left <u>/</u>	

## Prélèvements / Samples

Crottes	yes <input checked="" 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
TR (sang)	yes <input type="checkbox"/>	no <input type="checkbox"/>	Red tube
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"/>	Hematocryte
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

TV extract: nb: /  
 TR extract: nb: /  
 Htot: / Hred: /

Remarques / comments