

Marmottes Sassièrre / Marmots Sassièrre

Date 21 / 05 / 2014

Time ___ h ___

N° Capture 91

Mesureur / Handling _____

1414

Group Y

Piège/Trap _____

Recapture année précédente / previous year yes no

même année / same year

Marking	Transpondeur n° <u>708CF67</u>	Color _____
	Metal n° _____ Oreille / ear _____	
	Plastic n° _____ Oreille / ear _____ color _____	
	Logger yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	

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

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

Masse corporelle / Body mass (g) 4750 - 1600 = 3150

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 (cm) _____

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 _____

Prélèvements / Samples

Crottes	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	feces
Poils	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	hair
Biopsie	yes <input type="checkbox"/>	no <input checked="" 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 type="checkbox"/>	no <input checked="" type="checkbox"/>	Bucal
Phéromones A	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Anal

TV extract: nb: _____
TR extract: nb: _____
Htot: _____ Hred: _____

Remarques / comments