

# Marmottes Sassièrre / Marmots Sassièrre

Date 22 / 05 / 2014 Time 11 h 30 N° Capture 107 Mesureur / Handling 1438

Group E Piège/Trap \_\_\_\_\_

Recapture année précédente / previous year yes  no  même année / same year  3

**Marking**

Transpondeur n° 708BCA8 Color \_\_\_\_\_

Metal n° \_\_\_\_\_ Oreille / ear \_\_\_\_\_

Plastic n° \_\_\_\_\_ Oreille / ear \_\_\_\_\_ color \_\_\_\_\_

Logger yes  no

**Age**

M Pup

Y Yearling

2 ans 2 years old

Autres Other

**Sex**

Male  Scrotal yes  no  unknown

Female  Allaitante Lactating yes  no  unknown  Gestante Pregnant yes  no  unknown

**Status**

Dominant yes  no  unknown

**Measures**

Masse corporelle / Body mass (g) 3250 - 1600 = 1650

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 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    |                         |
| Hématocrite  | yes <input type="checkbox"/> | no <input type="checkbox"/> | Hematocrite | 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