

## Marmottes Sassièrè / Marmots Sassièrè

Date 22/05/2014 Time 13h00 N° Capture 110 Mesureur / Handling \_\_\_\_\_ 1491

Group I milieu Piège/Trap \_\_\_\_\_

Recapture année précédente previous year yes  no  même année same year  23

**Marking**

Transpondeur	n°	<u>708D98D</u>	Color
Metal	n°	<u>0588</u>	Oreille / ear <u>OG</u>
Plastic	n°	_____	Oreille / ear _____ color _____
Logger	yes <input type="checkbox"/>	no <input type="checkbox"/>	

**Age**

M	Pup	<input type="checkbox"/>
Y	Yearling	<input checked="" 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 checked="" type="checkbox"/>	unknown <input type="checkbox"/>
Female	<input type="checkbox"/>	Allaitante <small>Lactating</small>	yes <input type="checkbox"/>	no <input type="checkbox"/>	unknown <input type="checkbox"/>
		Gestante <small>Pregnant</small>	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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### Measures

Masse corporelle / Body mass (g) 3275-1600 = 1675

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 checked="" type="checkbox"/>	no <input 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	TV extract: nb: _____
TR (sang)	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Red tube	TR extract: nb: _____
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	
Hematocyte	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Hematocyte	Htot: _____ Hred: _____
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	

Remarques / comments