

Marmottes Sassièrè / Marmots Sassièrè

Date 23/05/2014

Time 12h00

N° Capture 123

Mesureur / Handling _____

~~1461~~ 1461

Group 2

Piège/Trap _____

Recapture année précédente / previous year

yes
no

même année / same year 3

Marking

Transpondeur n° 708CA3E Color _____

Metal n° 0575 Oreille / ear OD

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) 2500-1600-900

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 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"/> | Hematocryte | 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