

Marmottes / Marmots Sassièrè

Date: 19/05/2018 Time: 14 h 45 N° fiche / sheet: 10 Opérateur / Handling: SP N° individu: 1827 capture id: 10548

Si marmotton: date émergence: ___/___/20___ nbr:

Si implant: # _____

Territoire: <u>N₂</u> <small>Territory</small>	Recapture yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Statut social Dominant <input type="checkbox"/> Sub <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
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Measures	
Masse corporelle / Body mass (g)	<u>1650</u>
L. mandibule / Jaw (mm)	<u>57,9</u>
L. Patte ant. / Forefoot (mm)	<u>52,3</u>
L. Cubitus / Ulna (mm)	<u>67,1</u>
L. Patte post. / Hindfoot (mm)	<u>73,8</u>
L. TC / Body length (cm)	<u>37,0</u>
Larg. Tête zygomatique/ Zygomatic width (mm)	<u>53,9</u>
Larg. Bassin / Basin width (mm)	<u>49,4</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>81,2</u>

Marking	Transpondeur n° <u>3022533</u>	Metal n° <u>0312</u>	Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/>	Paint ↓ <u>violet</u>
	Plastic n° _____	Oreille ear G/Left <input type="checkbox"/> D/Right <input type="checkbox"/>	color _____	

Age	0 Marmotton <input type="checkbox"/> Pup 1 an <input checked="" type="checkbox"/> Yearling	2 ans <input type="checkbox"/> 2 years old ≥ 3 ans <input type="checkbox"/> ≥ 3 y
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Statut Repro	Male <input type="checkbox"/>	Scrotal yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>
	Female <input checked="" type="checkbox"/>	Allaitante Lactating yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
		Gestante Pregnant yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>

Nombre Echantillons / Number of Samples	
Feces parasito <input type="checkbox"/>	TV / Green tube <input checked="" type="checkbox"/>
Poils / Hair <input checked="" type="checkbox"/>	TR / Red tube <input checked="" type="checkbox"/>
Biopsy <input checked="" type="checkbox"/>	TV exrtact <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	TR exrtact <input checked="" type="checkbox"/>

Comments: _____