

Marmottes / Marmots Sassièrè

Date: 07/05/2018 Time: 11h45 N° fiche / sheet: 67 Opérateur / Handling: SP N° individu: 1792 capture id: 10606

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

Si implant: # _____

Territoire: <u>W</u> <small>Territory</small>	Recapture yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/>	Statut social Dominant <input type="checkbox"/> Sub <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
--	--	---

Measures	
Masse corporelle / Body mass (g)	<u>2900</u>
L. mandibule / Jaw (mm)	<u>64,9</u>
L. Patte ant. / Forefoot (mm)	<u>56,6</u>
L. Cubitus / Ulna (mm)	<u>83,6</u>
L. Patte post. / Hindfoot (mm)	<u>77,3</u>
L. TC / Body length (cm)	<u>46,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>63,5</u>
Larg. Bassin / Basin width (mm)	<u>63,4</u>
Dist. Ano-Génitale (cm) (marmotton/pup only) <u>hina</u>	<u>98,2</u>

Marking	Transpondeur n° - <u>3044526</u>	Metal n° <u>0248</u>	Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/>	Paint <u> </u> <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 type="checkbox"/> Yearling	2 ans <input checked="" type="checkbox"/> 2 years old ≥ 3 ans <input type="checkbox"/> ≥ 3 y
-----	--	---

Statut Repro	Male <input type="checkbox"/>	Scrotal yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input 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 checked="" 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 extact <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	TR extact <input checked="" type="checkbox"/>

légère hémolyse

Comments: _____