

Marmottes / Marmots Sassièrè

Date: 27/05/2018 Time: 12h55 N° fiche / sheet: 69 Opérateur / Handling: SP N° individu: 1703 capture id: 10608

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

Si implant: # _____

| | | |
|--|---|---|
| Territoire: <u>S</u> <i>Territory</i> | 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"/> |
|--|---|---|

| Measures | |
|--|-----------------------------|
| Masse corporelle / Body mass (g) | <u>3000</u> |
| L. mandibule / Jaw (mm) | <u>65,9</u> |
| L. Patte ant. / Forefoot (mm) | <u>55,7</u> |
| L. Cubitus / Ulna (mm) | 85,3 <u>85,3</u> |
| L. Patte post. / Hindfoot (mm) | <u>82,1</u> |
| L. TC / Body length (cm) | <u>45,5</u> |
| Larg. Tête zygomatique / Zygomatic width (mm) | <u>63,5</u> |
| Larg. Bassin / Basin width (mm) | <u>61,2</u> |
| Dist. Ano-Génitale (cm) (marmotton/pup only) <u>tibia</u> | <u>98,8</u> |

| | | |
|---------|--|--|
| Marking | Transpondeur n° <u>3011315</u> | Paint <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <u>veux</u> |
| | Metal n° <u>0229</u> Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/> | |
| | Plastic n° _____ Oreille ear G/Left <input type="checkbox"/> D/Right <input type="checkbox"/> color _____ | |

| | | |
|-----|--|---|
| Age | 0 Marmotton <input type="checkbox"/> Pup | 2 ans <input type="checkbox"/> 2 years old |
| | 1 an <input type="checkbox"/> Yearling | ≥ 3 ans <input checked="" type="checkbox"/> ≥ 3 y |

| | | |
|--------------|--|---|
| 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 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"/> |

Comments: