

# Marmottes / Marmots Sassièrè


Date: 01/06/2018 Time: 9 h 12 N° fiche / sheet: 110 Opérateur / Handling: SP N° individu: 1443 capture id: 10649

Si marmotton: date émergence: \_\_\_/\_\_\_/20\_\_\_ nbr:

Si implant: # \_\_\_\_\_

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

| Measures   |              |
|--|--------------|
| Masse corporelle / Body mass (g)                                     | <u>4150</u>  |
| L. mandibule / Jaw (mm)  | <u>70,3</u>  |
| L. Patte ant. / Forefoot (mm)  | <u>61,2</u>  |
| L. Cubitus / Ulna (mm)   | <u>90,1</u>  |
| L. Patte post. / Hindfoot (mm)                                       | <u>82,6</u>  |
| L. TC / Body length (cm)   | <u>48,0</u>  |
| Larg. Tête zygomatique / Zygomatic width (mm)                        | <u>68,5</u>  |
| Larg. Bassin / Basin width (mm)                                      | <u>69,7</u>  |
| <del>Dist. Ano-Génitale (cm) (marmotton/pup only)</del> <i>fibia</i> | <u>102,2</u> |

|                |   |   |
|----------------|---|---|
| <b>Marking</b> | Transpondeur n° <u>-3015495</u>   | <b>Paint</b><br> |
|                | Metal n° <u>0013</u> Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/>                    | <u>bleu</u>   |
|                | Plastic n° <u>462</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/> color <u>bleu</u> |   |

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

|                     |  |   |  |
|---------------------|--|---|--|
| <b>Statut Repro</b> | Male <input type="checkbox"/>              | Scrotal yes <input type="checkbox"/><br>no <input type="checkbox"/><br>unknown <input type="checkbox"/>                         | Gestante yes <input type="checkbox"/><br>Pregnant no <input checked="" type="checkbox"/><br>unknown <input type="checkbox"/> |
|                     | Female <input checked="" type="checkbox"/> | Allaitante yes <input checked="" type="checkbox"/><br>Lactating no <input type="checkbox"/><br>unknown <input type="checkbox"/> |  |

**Comments:**

| 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"/>       |