

Marmottes / Marmots Sassièrè

Date: 02/06/2018 Time: 07h 50 N° fiche / sheet: 138 Opérateur / Handling: SP N° individu: 1848 capture id: 10709

Si marmotton: date émergence: 17/06/2018 nbr: 2

Si implant: # _____

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

Measures	<u>JE</u>	<u>SP</u>
Masse corporelle / Body mass (g)	<u>330g</u>	
L. mandibule / Jaw (mm)	<u>43,0</u>	<u>41,5</u>
L. Patte ant. / Forefoot (mm)	<u>38,3</u>	<u>38,6</u>
L. Cubitus / Ulna (mm)	<u>42,4</u>	<u>41,3</u>
L. Patte post. / Hindfoot (mm)	<u>53,6</u>	<u>51,9</u>
<u>tibia</u> L. TC / Body length (cm)	<u>53,2</u>	<u>48,8</u>
	<u>22,0</u>	<u>21</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>39,0</u>	<u>39,6</u>
Larg. Bassin / Basin width (mm)	<u>38,3</u>	<u>26,8</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>11,7</u>	<u>14,9</u>

Marking	Transpondeur n° <u>956000003044523</u>	Paint
	Metal n° <u>Ø413</u>	Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/>
	Plastic n° _____	Oreille ear G/Left <input type="checkbox"/> D/Right <input type="checkbox"/> color _____

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

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

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

Comments: _____