


Marmottes / Marmots Sassièr

Date: 26/06/2018 Time: 8 h 40 N° fiche / sheet: 147 Opérateur / Handling: SP

N° individu: 1855 capture id: 10718

Si marmotton: date émergence: 25/06/2018 nbr: 4

Si implant: # _____

Territoire: <u>E</u> Territory	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 Masse corporelle / Body mass (g) <u>310</u> L. mandibule / Jaw (mm) <u>44,0</u> <u>38,7</u> L. Patte ant. / Forefoot (mm) <u>38,0</u> <u>39,5</u> <i>L. tibia</i> <u>46,0</u> <u>51,3</u> L. Cubitus / Ulna (mm) <u>45,0</u> <u>40,2</u> L. Patte post. / Hindfoot (mm) <u>52,0</u> <u>52,4</u> L. TC / Body length (cm) <u>20</u> <u> </u> Larg. Tête zygomatique / Zygomatic width (mm) <u>39,0</u> <u>38,6</u> Larg. Bassin / Basin width (mm) <u>28,0</u> <u>27,0</u> Dist. Ano-Génitale (cm) (marmotton/pup only) <u>17,0</u> <u>15,6</u>	
Marking	Transpondeur n°  <u>956000003015161</u> Metal n° <u>0420</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 _____		Paint color _____	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 type="checkbox"/> Biopsy <input checked="" type="checkbox"/> TV extact <input checked="" type="checkbox"/> Frotti / Blood smear <input checked="" type="checkbox"/> TR extact <input type="checkbox"/>
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"/>			
Comments: <u>relevé acariens + féces</u>				