


# Marmottes / Marmots Sassièrè

Date: 26/06/2018 Time: 8 h 40 N° fiche / sheet: 149 Opérateur / Handling: SP

N° individu: 1857 capture id: 10720

Si marmotton: date émergence: 25/06/2018 nbr: 9

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

<b>Territoire:</b> <u>E</u> Territory		<b>Recapture</b> yes <input type="checkbox"/> no <input checked="" type="checkbox"/>		<b>Statut social</b> Dominant <input type="checkbox"/> Sub <input checked="" type="checkbox"/> unknown <input type="checkbox"/>		<b>Measures</b>	
						Masse corporelle / Body mass (g) <u>305</u>	
						L. mandibule / Jaw (mm) <u>41,8</u>	
						L. Patte ant. / Forefoot (mm) <u>36,3</u>	
						L. Cubitus / Ulna (mm) <u>40,9</u>	
						L. Patte post. / Hindfoot (mm) <u>52,2</u>	
						<del>49,9</del> L. TC / Body length (cm) <u>20</u>	
						Larg. Tête zygomatique / Zygomatic width (mm) <u>39,4</u>	
						Larg. Bassin / Basin width (mm) <u>26,6</u>	
						Dist. Ano-Génitale (cm) (marmotton/pup only) <u>10,7</u>	
<b>Marking</b>		Transpondeur n°  <u>956000003045773</u>		Paint		<b>Nombre Echantillons / Number of Samples</b>	
Metal n° <u>Ø422</u>		Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/>				Feces parasito <input checked="" type="checkbox"/>	
Plastic n° _____		Oreille ear G/Left <input type="checkbox"/> D/Right <input type="checkbox"/> color _____				TV / Green tube <input checked="" type="checkbox"/>	
						Poils / Hair <input checked="" type="checkbox"/>	
						TV extact <input checked="" type="checkbox"/>	
						Frotti / Blood smear <input checked="" type="checkbox"/>	
						TR / Red tube <input type="checkbox"/>	
						TR extact <input type="checkbox"/>	
<b>Age</b>		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			
<b>Statut Repro</b>		Male <input type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>		Female <input checked="" type="checkbox"/> Allaitante yes <input type="checkbox"/> Lactating no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>		Gestante yes <input type="checkbox"/> Pregnant no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>	
<b>Comments:</b>							