


# Marmottes / Marmots Sassièrè

Date: 30/06/2018 Time: 9 h 25 N° fiche / sheet: 180 Opérateur / Handling: SP N° individu: 1875 capture id: 10741

Si marmotton: date émergence: 30/06/2018 nbr: 4

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

<b>Territoire:</b> <u>Elal</u> <small>Territory</small>	<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>400</u> L. mandibule / Jaw (mm) <u>41,7</u> L. Patte ant. / Forefoot (mm) <u>38,5</u> L. Cubitus / Ulna (mm) <u>43,3</u> L. Patte post. / Hindfoot (mm) <u>55,3</u> L. <u>tibia</u> / Body length (cm) <u>53,0</u> <u>21,0</u> Larg. Tête zygomatique / Zygomatic width (mm) <u>41,0</u> Larg. Bassin / Basin width (mm) <u>26,4</u> Dist. Ano-Génitale (cm) (marmotton/pup only) <u>10,7</u>
<b>Marking</b>	Transpondeur n°  <u>956000003022898</u> Metal n° <u>0440</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 _____		Paint _____
<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 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"/>		
<b>Comments:</b>	<b>Nombre Echantillons / Number of Samples</b> 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"/>		