

Marmottes / Marmots Sassièrè

Date: 12/07/2018 Time: 10 h 30 N° fiche / sheet: 205 Opérateur / Handling: SP N° individu: 1911 capture id: 10808


Si marmotton: date émergence: 10/07/2018 nbr: 3

Si implant: # _____

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

Measures

Masse corporelle / Body mass (g)	<u>490</u>
L. mandibule / Jaw (mm)	<u>43,9</u>
L. Patte ant. / Forefoot (mm)	<u>41,9</u>
L. Cubitus / Ulna (mm)	<u>47,4</u>
L. Patte post. / Hindfoot (mm)	<u>59,0</u>
<u>tibia</u> L. TC / Body length (cm)	<u>56,2</u> <u>23,0</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>41,3</u>
Larg. Bassin / Basin width (mm)	<u>29,8</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>19,3</u>

Marking	Transpondeur n°		Paint
	Metal n° <u>0477</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	2 ans <input type="checkbox"/> 2 years old
	1 an <input type="checkbox"/> Yearling	≥ 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: ancien transpondeur

Nombre Echantillons / Number of Samples

Feces parasito <input 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 extract <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	TR extract <input type="checkbox"/>

Action	Implantation id:	Position:	Implant id:	Type implant:
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