

Marmottes / Marmots Sassièrè

Date: 15/05/2019 Time: 11 h 10 N° fiche / sheet: 22 Opérateur / Handling: SP N° individu: 1875 capture id: 10865

Si marmotton: date émergence: ___/___/20___ nb: implant: _____

Territoire: <u>Etalus</u> <small>Territory</small>	Connu <small>known</small>	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Statut social	Dominant <input type="checkbox"/> Sub <input checked="" type="checkbox"/> unknown <input type="checkbox"/>

Marking	Transpondeur n° <u>- 302 28 98</u>		Paint <u>rouge</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 _____	

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

Statut Repro	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"/>

Comments: _____

Measures	
Masse corporelle / Body mass (g)	<u>1675</u>
L. mandibule / Jaw (mm)	<u>57</u>
L. Patte ant. / Forefoot (mm)	<u>57,1</u>
L. Cubitus / Ulna (mm)	<u>67,8</u>
L. Patte post. / Hindfoot (mm)	<u>76,5</u>
L. Tibia (mm)	<u>86,6</u>
L. TC / Body length (cm)	<u>37,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>54,4</u>
Larg. Bassin / Basin width (mm)	<u>52,6</u>
Dist. Ano-Génitale (mm) (marmotton/pup only)	<u>/</u>

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 checked="" type="checkbox"/>
Biopsy <input checked="" type="checkbox"/>	TV extact <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	TR extact <input checked="" type="checkbox"/>