

Date: 15/05/2019 Time: 11 h 25 N° fiche / sheet: 23 Opérateur / Handling: SP N° individu: 1865 capture id: 10864

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

Territoire: <u>N3</u> <i>Territory</i>	Connu <i>known</i>	yes <input checked="" type="checkbox"/>	Statut <i>social</i>	Dominant	<input type="checkbox"/>
		no <input type="checkbox"/>		Sub	<input checked="" type="checkbox"/>
				unknown	<input type="checkbox"/>

Marking	Transpondeur n° <u>-3035191</u>				Paint <u>1 jeune</u>
	Metal n° <u>2430</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"/>	

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

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 <i>Lactating</i>	yes <input type="checkbox"/>	no <input type="checkbox"/>	unknown <input type="checkbox"/>
		Gestante <i>Pregnant</i>	yes <input type="checkbox"/>	no <input type="checkbox"/>	unknown <input type="checkbox"/>

Comments:

Measures	
Masse corporelle / <i>Body mass</i> (g)	<u>1875</u>
L. mandibule / <i>Jaw</i> (mm)	<u>59,1</u>
L. Patte ant. / <i>Forefoot</i> (mm)	<u>58,9</u>
L. Cubitus / <i>Ulna</i> (mm)	<u>74,7</u>
L. Patte post. / <i>Hindfoot</i> (mm)	<u>78,7</u>
L. Tibia (mm)	<u>91,3</u>
L. TC / <i>Body length</i> (cm)	<u>41</u>
Larg. Tête zygomatique / <i>Zygomatic width</i> (mm)	<u>57,7</u>
Larg. Bassin / <i>Basin width</i> (mm)	<u>54,6</u>
Dist. Ano-Génitale (mm) (marmotton/pup only)	<u>/</u>

Nombre Echantillons / <i>Number of Samples</i>	
Feces parasito <input checked="" type="checkbox"/>	TV / <i>Green tube</i> <input checked="" type="checkbox"/>
Poils / <i>Hair</i> <input checked="" type="checkbox"/>	TR / <i>Red tube</i> <input checked="" type="checkbox"/>
Biopsy <input checked="" type="checkbox"/>	TV extact <input checked="" type="checkbox"/>
Frotti / <i>Blood smear</i> <input checked="" type="checkbox"/>	TR extact <input checked="" type="checkbox"/>