

Marmottes / Marmots Sassièrè

Date: 16/05/2019 Time: 14 h 30 N° fiche / sheet: 47 Opérateur / Handling: SP (SP) N° individu: 1622 capture id: 10888

Si marmotton: date émergence: ___/___/20___ nbr:

Si implant: # _____

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

Masse corporelle / Body mass (g)	<u>3500</u> (SP)
L. mandibule / Jaw (mm)	<u>69,4</u> / <u>70,2</u>
L. Patte ant. / Forefoot (mm)	<u>62,6</u> / <u>59,3</u>
L. Cubitus / Ulna (mm)	<u>80,7</u> / <u>91,2</u>
L. Patte post. / Hindfoot (mm)	<u>83,1</u> / <u>83,1</u>
L. TC / Body length (cm)	<u>49,5</u> / <u> </u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>67,4</u> / <u>68,8</u>
Larg. Bassin / Basin width (mm)	<u>66,2</u> / <u>66,5</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>103,0</u> / <u>103,1</u>

Marking	Transpondeur n° <u>3043006</u>	Paint	<u>jaune</u>
	Metal n° <u>0275</u>	Oreille ear	G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/>
	Plastic n° <u>42</u>	Oreille ear	G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/> color <u>jaune</u>

Age	0 Marmotton <input type="checkbox"/> Pup 1 an <input type="checkbox"/> Yearling	2 ans <input type="checkbox"/> 2 years old ≥ 3 ans <input checked="" type="checkbox"/> ≥ 3 y
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Statut Repro	Male <input checked="" type="checkbox"/>	Scrotal	yes <input checked="" type="checkbox"/> no <input 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"/>	yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>

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

Comments: _____

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