

# Marmottes / Marmots Sassièr

Date: 17/05/2019 Time: 13h 15 N° fiche / sheet: 63 Opérateur / Handling: SP N° individu: 1802 capture id: 10904

SI marmotton: date émergence: \_\_\_/\_\_\_/20\_\_\_ nbr:

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

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

## Measures

Masse corporelle / Body mass (g) 2550

L. mandibule / Jaw (mm) 65,0

L. Patte ant. / Forefoot (mm) 56,7

L. Cubitus / Ulna (mm) 85,9

L. Patte post. / Hindfoot (mm) 79,6 93,3

L. tibia

L. TC / Body length (cm) 44

Larg. Tête zygomatique / Zygomatic width (mm) 59,4

Larg. Bassin / Basin width (mm) 59,8

Dist. Ano-Génitale (cm) (marmotton/pup only) /

Marking	Transpondeur n° <u>3045915</u>	Paint <u>  </u> <u>vert</u>	
	Metal n° <u>Ø261</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 type="checkbox"/> Pup	2 ans <input checked="" 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"/>

## 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: