

Marmottes / Marmots Sassièrè

Date: 19/05/2019 Time: 16 h 29 N° fiche / sheet: 84 Opérateur / Handling: SP N° individu: 1662 capture id: 10925

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

Si implant: # _____

Territoire: <u>F</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>3650</u>
L. mandibule / Jaw (mm)	<u>69,1</u>
L. Patte ant. / Forefoot (mm)	<u>62,4</u>
L. Cubitus / Ulna (mm)	<u>90,5</u>
L. Patte post. / Hindfoot (mm)	<u>85,5</u>
L. TC / Body length (cm)	* <u>46,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>65,5</u>
Larg. Bassin / Basin width (mm)	<u>65,1</u>
Dist. Ano-Genitale (cm) (marmotton/pup only) <i>fibia</i> *	<u>102,4</u>

Marking	Transpondeur n° <u>30428-12</u>	Paint <i>Cercle rempli violet</i>
	Metal n° <u>0885</u> Orelle ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/>	<i>Blanche</i>
	Plastic n° <u>11</u> Orelle ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/>	

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

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"/>

Comments: New plastic

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"/>

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