

Marmottes / Marmots Sassièr

Date: 19 / 05 / 20 19 Time: 17h 50 N° fiche / sheet: 85 Opérateur / Handling: SP N° individu: 1319 capture id: 10926

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

Si implant: # _____

Territoire: <u>L</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) 3875

L. mandibule / Jaw (mm) 69,7

L. Patte ant. / Forefoot (mm) 61,9

L. Cubitus / Ulna (mm) 84,1


L. Patte post. / Hindfoot (mm) 88,9

L. TC / Body length (cm) 51

Larg. Tête zygomatique / Zygomatic width (mm) ~~68,7~~

Larg. Bassin / Basin width (mm) 71,7

Dist. Ano-génitale (cm) (marmotton/pup only) + 106,7
tibia

Marking	Transpondeur n° <u>3036522</u>		Paint 
	Metal n° <u>0402</u>	Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/>	
	Plastic n° <u>358⁹</u>	Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/> color <u>black vert</u>	

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"/>

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 type="checkbox"/>

Comments:

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