

# Marmottes / Marmots Sassièrè

Date: 20/05/2019 Time: 19 h 40 N° fiche / sheet: 95 Opérateur / Handling: CR (SP) N° individu: 1904 capture id: 10936


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

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

Territoire: <u>H</u> Territory	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"/>
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## Measures

Masse corporelle / Body mass (g)	<u>1725</u> (SP)
L. mandibule / Jaw (mm)	<u>61,9</u>   <u>58,6</u>
L. Patte ant. / Forefoot (mm)	<u>57,4</u>   <u>56,8</u>
L. Cubitus / Ulna (mm)	<u>69,6</u>   <u>69,9</u>
L. Patte post. / Hindfoot (mm)	<u>77,4</u>   <u>79,1</u>
L. TC / Body length (cm)	<u>37</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>54,7</u>   <u>65,0</u>
Larg. Bassin / Basin width (mm)	<u>51</u>   <u>49,4</u>
Dist. Ano-Génitale (cm) (marmotton/pup only) <u>Gibea</u>	<u>89</u>   <u>85,9</u>

Marking	Transpondeur n° <u>79A119B</u>	Paint 
	Metal n° <u>0469</u>	Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" 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 type="checkbox"/> 2 years old
	1 an <input checked="" type="checkbox"/> Yearling	≥ 3 ans <input type="checkbox"/> ≥ 3 y

Statut Repro	Male <input type="checkbox"/>	Scrotal yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>
	Female <input checked="" type="checkbox"/>	Allaitante Lactating yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
		Gestante Pregnant yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>

Comments:

## 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:
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