

Marmottes / Marmots Sassièra

Date: 23/05/2019 Time: 10h45 N° fiche / sheet: 99 Opérateur / Handling: SP N° individu: 1657 capture id: 10940

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

Si implant: # _____

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

Measures

Masse corporelle / Body mass (g) 3375

L. mandibule / Jaw (mm) 66,4

L. Patte ant. / Forefoot (mm) 58,8

L. Cubitus / Ulna (mm) 87,7

L. Patte post. / Hindfoot (mm) 80,2

L. TC / Body length (cm) 48

Larg. Tête zygomatique / Zygomatic width (mm) 64,8

Larg. Bassin / Basin width (mm) 66,0

Dist. Ano-Génitale (cm) (marmotton/pup only) tibia 100,4

Marking	Transpondeur n° <u>3015688</u>	Paint <u>Rouge</u>
	Metal n° <u>0832</u> Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/>	
	Plastic n° <u>215</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/> color <u>rose</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 + a

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 checked="" type="checkbox"/>	no <input type="checkbox"/>	unknown <input type="checkbox"/>
		Gestante Pregnant	yes <input type="checkbox"/>	no <input checked="" 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 checked="" type="checkbox"/>

Comments: New plastic

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