

Marmottes / Marmots Sassièr

Date: 21/05/2019 Time: 13 h 30 N° fiche / sheet: 100 Opérateur / Handling: CR SP N° individu: 1911 capture id: 10941

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

Si implant: # _____

Territoire: <u>Imilly</u> <small>Territory</small>	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>1450</u> SP
L. mandibule / Jaw (mm)	<u>57,1</u> <u>57,3</u>
L. Patte ant. / Forefoot (mm)	<u>56</u> <u>54,6</u>
L. Cubitus / Ulna (mm)	<u>68</u> <u>67,4</u>
L. Patte post. / Hindfoot (mm)	<u>74</u> <u>78,3</u>
L. TC / Body length (cm)	<u>38</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>51</u> <u>54,3</u>
Larg. Bassin / Basin width (mm)	<u>50,4</u> <u>48,6</u>
Dist. Ano-Génitale (cm) (marmotton/pup only) <i>libice</i>	<u>85,4</u> <u>84,4</u>

Marking	Transpondeur n° <u>- 7998680</u>	Paint	<u>1 vert</u>
	Metal n° <u>0477</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"/> <i>Pup</i> 1 an <input checked="" type="checkbox"/> <i>Yearling</i>	2 ans <input type="checkbox"/> <i>2 years old</i> ≥ 3 ans <input type="checkbox"/> <i>> 3 y</i>
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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"/>

Comments: new zolatil 19-2

Nombre Echantillons / Number of Samples

Feces parasito <input 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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