

Marmottes / Marmots Sassièrè

Date: 25/05/2014 Time: 13 h 30 N° fiche / sheet: ¹⁴⁵~~145~~ Opérateur / Handling: SP N° individu: 1818 capture id: 11018

Si marmotton: date émergence: ___/___/20___ nb: implant: _____

Territoire: <input checked="" type="checkbox"/> <i>Territory</i>	Connu <i>known</i>	yes <input checked="" type="checkbox"/>	Statut <i>social</i>	Dominant <input type="checkbox"/>
		no <input type="checkbox"/>		Sub <input checked="" type="checkbox"/>

Marking	Transpondeur n° <u>3046085</u>	Paint
	Metal n° <u>0324</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"/> <i>Pup</i>	2 ans <input checked="" type="checkbox"/> <i>2 years old</i>
	1 an <input type="checkbox"/> <i>Yearling</i>	≥ 3 ans <input type="checkbox"/> <i>≥ 3 y</i>

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: _____

Measures	
Masse corporelle / Body mass (g)	<u>3875</u>
L. mandibule / Jaw (mm)	<u>67,6</u>
L. Patte ant. / Forefoot (mm)	<u>57,1</u>
L. Cubitus / Ulna (mm)	<u>83,3</u>
L. Patte post. / Hindfoot (mm)	<u>81,3</u>
L. Tibia (mm)	<u>97,3</u>
L. TC / Body length (cm)	<u>42</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>63,1</u>
Larg. Bassin / Basin width (mm)	<u>58,1</u>
Dist. Ano-Génitale (mm) (marmotton/pup only)	<u>/</u>

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"/>