

Marmottes / Marmots Sassièrè

Date: 25/05/2019 Time: 15 h 30 N° fiche / sheet: 147 Opérateur / Handling: SP N° individu: 1653 capture id: 11020

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

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

Marking	Transpondeur n° <u>3035966</u>	Paint <u>+ vert</u>
	Metal n° <u>0317</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>	2 ans <input type="checkbox"/> <i>2 years old</i>
	1 an <input type="checkbox"/> <i>Yearling</i>	≥ 3 ans <input checked="" type="checkbox"/> <i>≥ 3 y</i>

Statut Repro	Male <input checked="" type="checkbox"/>	Scrotal yes <input checked="" 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:

Measures	
Masse corporelle / Body mass (g)	<u>3900</u>
L. mandibule / Jaw (mm)	<u>73,9</u>
L. Patte ant. / Forefoot (mm)	<u>61,9</u>
L. Cubitus / Ulna (mm)	<u>94,9</u>
L. Patte post. / Hindfoot (mm)	<u>83,6</u>
L. Tibia (mm)	<u>106</u>
L. TC / Body length (cm)	<u>48,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>69</u>
Larg. Bassin / Basin width (mm)	<u>68</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"/>