

Marmottes / Marmots Sassièrè

Date: 26/05/2013 Time: 14h05 N° fiche / sheet: 164 Opérateur / Handling: SP N° individu: 1791 capture id: 11037

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

Si implant: # _____

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

Masse corporelle / Body mass (g)	<u>3850</u>
L. mandibule / Jaw (mm)	<u>70,8</u>
L. Patte ant. / Forefoot (mm)	<u>60.2</u>
L. Cubitus / Ulna (mm)	<u>90.2</u>
L. Patte post. / Hindfoot (mm)	<u>86.5</u>
<i>tibia</i>	<u>102.2</u>
L. TC / Body length (cm)	<u>50</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>70,6</u>
Larg. Bassin / Basin width (mm)	<u>63,2</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>/</u>

Marking	Transpondeur n° <u>3012294</u>	Paint <u>bleu</u>
	Metal n° <u>0250</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/>	
	Plastic n° <u>404</u> Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/> color <u>bleu</u>	

Age	0 Marmotton <input type="checkbox"/> Pup 1 an <input type="checkbox"/> Yearling	2 ans <input type="checkbox"/> 2 years old ≥ 3 ans <input checked="" type="checkbox"/> <u>AD</u> ≥ 3 y
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Statut Repro	Male <input checked="" type="checkbox"/>	Scrotal yes <input checked="" type="checkbox"/> no <input 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"/>
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Comments: New plastique

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 exrtact <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	TR exrtact <input checked="" type="checkbox"/>

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