

Marmottes / Marmots Sassièr

Date: 27/05/2019 Time: 11 h 30 N° fiche / sheet: 185 Opérateur / Handling: SP N° individu: 1605 capture id: 11058

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

Si implant: # _____

Territoire: <input checked="" type="checkbox"/> <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) 3250

L. mandibule / Jaw (mm) 66,4

L. Patte ant. / Forefoot (mm) 57,5

L. Cubitus / Ulna (mm) 84,6

L. Patte post. / Hindfoot (mm) 80,3

L. TC / Body length (cm) 47,5

Larg. Tête zygomatique / Zygomatic width (mm) 63,3

Larg. Bassin / Basin width (mm) 65,86

Dist. Ano-Génitale (cm) (marmotton/pup only) tibia 98,6

Marking	Transpondeur n° <u>3035461</u>	Paint
	Metal n° <u>0228</u> Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/>	<u>0 violet</u> color <u>blanc</u>
	Plastic n° <u>98</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/>	

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"/> ≥ 3 y
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Statut Repro	Male <input type="checkbox"/>	Scrotal yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	Gestante yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
	Female <input checked="" type="checkbox"/>	Allaitante yes <input checked="" type="checkbox"/> no <input 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 extract <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	TR extract <input checked="" type="checkbox"/>

Comments:

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