

Marmottes / Marmots Sassièrè

Date: 31/05/2019 Time: 20:50 N° fiche / sheet: 245 Opérateur / Handling: SP N° individu: 1892 capture id: 11119

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

Si implant: # _____

| | | |
|--|---|---|
| Territoire: <u>L</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"/> |
|--|---|---|

Measures

Masse corporelle / Body mass (g) 1875

L. mandibule / Jaw (mm) 57,2

L. Patte ant. / Forefoot (mm) 54,2

L. Cubitus / Ulna (mm) 66,7

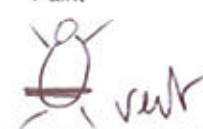
L. Patte post. / Hindfoot (mm) 76,4
tibia 85,4

L. TC / Body length (cm) 37

Larg. Tête zygomatique / Zygomatic width (mm) 51,0

Larg. Bassin / Basin width (mm) 48,3

Dist. Ano-Génitale (cm) (marmotton/pup only) /

| | | |
|---------|--|---|
| Marking | Transpondeur n° <u>3009340</u> | Paint  |
| | Metal n° <u>0457</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"/> Pup | 2 ans <input type="checkbox"/> 2 years old |
| | 1 an <input checked="" type="checkbox"/> Yearling | ≥ 3 ans <input type="checkbox"/> ≥ 3 y |

| | | |
|--------------|--|---|
| 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"/> |

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"/> |

Comments:

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