

Marmottes / Marmots Sassièr

Date: 02/06/2019 Time: 12h00 N° fiche / sheet: 263 Opérateur / Handling: SP N° individu: 1619 capture id: 11137

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

Si implant: # _____

Territoire: <u>A</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) 3500

L. mandibule / Jaw (mm) 65,5

L. Patte ant. / Forefoot (mm) 59,9

L. Cubitus / Ulna (mm) 87,0

L. Patte post. / Hindfoot (mm) 82,7

L. TC / Body length (cm) 48

Larg. Tête zygomatique / Zygomatic width (mm) 64,4

Larg. Bassin / Basin width (mm) 66,0

Dist. Ano-Génitale (cm) (marmotton/pup only) tibia 99,0

Marking	Transpondeur n° <u>3042937</u>	Paint <u>jaune</u>
	Metal n° <u>Ø855</u> Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/> Plastic n° <u>Ø37</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/> color <u>jaune</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"/> Sa ≥ 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"/>
	Female <input checked="" type="checkbox"/>	Allaitante Lactating yes <input checked="" 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: