

Marmottes / Marmots Sassièr

Date: 06/06/2018 Time: 20 h 30 N° fiche / sheet: 270 Opérateur / Handling: SP N° individu: 1805 capture id: 11144

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

Si implant: # _____

Territoire: <u>Imilb2</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"/>
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Measures

Masse corporelle / Body mass (g) 3375

L. mandibule / Jaw (mm) 66,0

L. Patte ant. / Forefoot (mm) 57,9

L. Cubitus / Ulna (mm) 83,1


L. Patte post. / Hindfoot (mm) 81,8
tibia 95,3

L. TC / Body length (cm) 64

Larg. Tête zygomatique / Zygomatic width (mm) 62,4

Larg. Bassin / Basin width (mm) 62,5

Dist. Ano-Génitale (cm) (marmotton/pup only) 1

Marking	Transpondeur n° <u>2938058</u>		Paint  <u>vert</u>
	Metal n° <u>0264</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 checked="" type="checkbox"/> 2 years old
	1 an <input 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 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:
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