

Marmottes / Marmots Sassièrè

Date: 17/06/2019 Time: 9 h 00 N° fiche / sheet: 293 Opérateur / Handling: SP N° individu: 1292 capture id: 11237

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 checked="" type="checkbox"/> Sub <input type="checkbox"/> unknown <input type="checkbox"/>
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Measures

Masse corporelle / Body mass (g) 3750

L. mandibule / Jaw (mm) 69,6

L. Patte ant. / Forefoot (mm) 61,1

L. Cubitus / Ulna (mm) 89,6

L. Patte post. / Hindfoot (mm) 85,1
tibia 107,6

L. TC / Body length (cm) 42

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

Larg. Bassin / Basin width (mm) 67,8

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

Marking	Transpondeur n° <u>3042872</u>	Paint <u>0</u>
	Metal n° <u>4068</u> Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/>	color <u>vert</u>
	Plastic n° <u>319</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/>	

Age	0 Marmotton <input type="checkbox"/> Pup	2 ans <input type="checkbox"/> 2 years old
	1 an <input type="checkbox"/> Yearling	≥ 3 ans <input checked="" 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 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: New plastique

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