

Marmottes / Marmots Sassièrè

Date: 17/06/2019 Time: 17h15 N° fiche / sheet: 296 Opérateur / Handling: SP N° Individu: 1302 capture id: 11234

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

Si implant: # _____

Territoire: <u>CHA</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) 4500

L. mandibule / Jaw (mm) 73,8

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

L. Cubitus / Ulna (mm) 82,3

L. Patte post. / Hindfoot (mm) 86,5

tibia
L. TC / Body length (cm) 104,6
49

Larg. Tête zygomatique / Zygomatic width (mm) 70,3

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

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

Marking	Transpondeur n° <u>3003215</u>	Paint
	Metal n° <u>0585</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/>	Plastic n° <u>224</u> Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/> color <u>rose</u>

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 checked="" type="checkbox"/> Scrotal yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	
	Female <input type="checkbox"/> Allaitante Lactating yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	Gestante Pregnant yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>

Nombre Echantillons / Number of Samples

Feces parasito <input 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 plastic Collet

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