

Marmottes / Marmots Sassièrè

Date: 18/06/2019 Time: 18 h 35 N° fiche / sheet: 304 Opérateur / Handling: SP N° individu: 1768 capture id: 11306

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

Si implant: # _____

Territoire: <input checked="" type="checkbox"/> <i>Territory</i>	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"/>
---	---	---

Measures	
Masse corporelle / Body mass (g)	<u>3800</u>
L. mandibule / Jaw (mm)	<u>68,6</u>
L. Patte ant. / Forefoot (mm)	<u>60,7</u>
L. Cubitus / Ulna (mm)	<u>91,3</u>
L. Patte post. / Hindfoot (mm)	<u>89,0</u>
<u>tibia</u> L. TC / Body length (cm)	<u>108,4 67</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>68,7</u>
Larg. Bassin / Basin width (mm)	<u>66,4</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	_____

Marking	Transpondeur n° <u>3036912</u>	Paint
	Metal n° <u>0227</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/>	<u>violet</u>
	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 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 parasite <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: vient de Btalu! New dam 19

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