

## Marmottes / Marmots Sassièrè

Date: 21/06/20 19 Time: 16 h 45 N° fiche / sheet: 311 Opérateur / Handling: SP N° Individu: 1914 ⊙ capture id: 11376

Si marmotton: date émergence:  / /20 nbr:

Si implant: # \_\_\_\_\_

Territoire: Territory <u>W.</u>	Recapture yes <input type="checkbox"/> no <input checked="" 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) 2600

L. mandibule / Jaw (mm) 64.0

L. Patte ant. / Forefoot (mm) 58.3

L. Cubitus / Ulna (mm) 84.0

L. Patte post. / Hindfoot (mm) 83.4

tibia 89.7

L. TC / Body length (cm) 45

Larg. Tête zygomatique / Zygomatic width (mm) 60.5

Larg. Bassin / Basin width (mm) 59.5

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

Marking	Transpondeur n°  <u>956000006372318</u>	Paint <u>orange</u>	
	Metal n° <u>φ497</u>	Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input 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 checked="" type="checkbox"/> Yearling	≥ 3 ans <input type="checkbox"/> ≥ 3 y

Statut Repro	Male <input checked="" type="checkbox"/>	Scrotal yes <input type="checkbox"/> no <input checked="" 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 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:

Male transient??

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