

# Marmottes / Marmots Sassièr

Date: 23/06/2019 Time: 21h50 N° fiche / sheet: 320 Opérateur / Handling: SP N° individu: 1703 capture id: 11479

Si marmotton: date émergence: \_\_\_/\_\_\_/20\_\_\_ nbr:  Si implant: # \_\_\_\_\_

<b>Territoire:</b> <u>S</u> <small>Territory</small>	<b>Recapture</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	<b>Statut social</b> Dominant <input type="checkbox"/> Sub <input checked="" type="checkbox"/> unknown <input type="checkbox"/>	<b>Measures</b> Masse corporelle / Body mass (g) <u>3575</u> L. mandibule / Jaw (mm) <u>68,6</u> L. Patte ant. / Forefoot (mm) <u>60,4</u> L. Cubitus / Ulna (mm) <u>87,4</u> L. Patte post. / Hindfoot (mm) <u>84,2</u> <del>Tibia</del> <u>100,5</u> L. TC / Body length (cm) <u>46</u> Larg. Tête zygomatique / Zygomatic width (mm) <u>66,6</u> Larg. Bassin / Basin width (mm) <u>62,1</u> Dist. Ano-Génitale (cm) (marmotton/pup only) _____
<b>Marking</b>	Transpondeur n° <u>3028385</u> Metal n° <u>0229</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 _____		Paint _____
<b>Age</b>	0 Marmotton <input type="checkbox"/> Pup 1 an <input type="checkbox"/> Yearling 2 ans <input type="checkbox"/> 2 years old ≥ 3 ans <input checked="" type="checkbox"/> ≥ 3 y		
<b>Statut Repro</b>	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"/>		
<b>Comments:</b>			
<b>Nombre Echantillons / Number of Samples</b> 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"/>			

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