

Marmottes / Marmots Sassièr

Date: 26/06/2019 Time: 19 h 00 N° fiche / sheet: 323 Opérateur / Handling: SP N° individu: 1916 capture id: 11546

Si marmotton: date émergence: 26/06/2019 nbr: 4

Si implant: # _____

Territoire: <u>E</u> <small>Territory</small>	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) 275

L. mandibule / Jaw (mm) 39,4 mm

L. Patte ant. / Forefoot (mm) 37,7 mm

L. Cubitus / Ulna (mm) 39,1 mm


L. Patte post. / Hindfoot (mm) 51,4 mm
tibia 47,5 mm

L. TC / Body length (cm) 90 cm

Larg. Tête zygomatique / Zygomatic width (mm) 37,8 mm

Larg. Bassin / Basin width (mm) 24,0 mm

Dist. Ano-Génitale (cm) (marmotton/pup only) 10,5 mm

Marking	Transpondeur n°  956000006371853	Paint <u>Ø</u>
	Metal n° <u>0499</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 _____

Age	0 Marmotton <input checked="" type="checkbox"/> Pup 1 an <input type="checkbox"/> Yearling	2 ans <input type="checkbox"/> 2 years old ≥ 3 ans <input type="checkbox"/> ≥ 3 y
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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 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 type="checkbox"/>
Biopsy <input checked="" type="checkbox"/>	TV extact <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	TR extact <input type="checkbox"/>

Comments:

Action	Implantation Id:	Position:	Implant Id:	Type implant:
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