

# Marmottes / Marmots Sassièrè

Date: 27/06/2019 Time: 9 h 30 N° fiche / sheet: 330 Opérateur / Handling: SP N° individu: 1923 capture id: 11553

Si marmotton: date émergence: 23/06/2019 nbr: 2 Si implant: # \_\_\_\_\_

Territoire: <u>N</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) 355

L. mandibule / Jaw (mm) 45,1

L. Patte ant. / Forefoot (mm) 36,9

L. Cubitus / Ulna (mm) 43,3

L. Patte post. / Hindfoot (mm) 52,8  
*tibia* 51,3

L. TC / Body length (cm) 21,5

Larg. Tête zygomatique / Zygomatic width (mm) 41,1

Larg. Bassin / Basin width (mm) 25,9

Dist. Ano-Génitale (cm) (marmotton/pup only) 14,9

Marking	Transpondeur n°  <u>956000006701433</u>	Paint
	Metal n° <u>Ø614</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 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 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 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"/>

Comments:

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