

Marmottes / Marmots Sassièr

Date: 27/06/2019 ~ Time: 9 h 30 N° fiche / sheet: 334 Opérateur / Handling: SP N° individu: 1927 capture id: 11557

Si marmotton: date émergence: 27/06/2019 nbr: 4

Si implant: # _____

Territoire: <u>Eadut</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)	<u>370</u>
L. mandibule / Jaw (mm)	<u>42,0</u>
L. Patte ant. / Forefoot (mm)	<u>40,5</u>
L. Cubitus / Ulna (mm)	<u>43,0</u>
L. Patte post. / Hindfoot (mm)	<u>55,1</u>
<u>Tibia</u>	<u>52,2</u>
L. TC / Body length (cm)	<u>20,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>40,5</u>
Larg. Bassin / Basin width (mm)	<u>27,1</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>8,7</u>

Marking	Transpondeur n° 956000006372926	Paint
	Metal n° <u>Ø609</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	2 ans <input type="checkbox"/> 2 years old
	1 an <input type="checkbox"/> Yearling	≥ 3 ans <input type="checkbox"/> ≥ 3 y

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"/>
		Gestante Pregnant yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>

Comments: _____

Nombre Echantillons / Number of Samples	
Feces parasito	<input type="checkbox"/>
Poils / Hair	<input type="checkbox"/>
Biopsy	<input type="checkbox"/>
Frotti / Blood smear	<input type="checkbox"/>
TV / Green tube	<input checked="" type="checkbox"/>
TR / Red tube	<input type="checkbox"/>
TV extract	<input type="checkbox"/>
TR extract	<input type="checkbox"/>

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