

# Marmottes / Marmots Sassièr

Date: 28/06/2019 Time: 10 h 00 N° fiche / sheet: 341 Opérateur / Handling: SP N° individu: 1934 capture id: 11596

Si marmotton: date émergence: 27/06/2019 nbr: 6?

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

Territoire: <u>Eadrel</u> Territory	Recapture	yes <input type="checkbox"/>	Statut social	Dominant <input type="checkbox"/>
		no <input checked="" type="checkbox"/>		Sub <input checked="" type="checkbox"/>

## Measures

Masse corporelle / Body mass (g) 410

L. mandibule / Jaw (mm) 42,7

L. Patte ant. / Forefoot (mm) 40,9

L. Cubitus / Ulna (mm) 43,1


L. Patte post. / Hindfoot (mm) 55,1

lubia  
L. TC / Body length (cm) 52,9  
22,0

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

Larg. Bassin / Basin width (mm) 28,0

Dist. Ano-Génitale (cm) (marmotton/pup only) 18,7

Marking	Transpondeur n°		Paint
	Metal n° <u>Ø618</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	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 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"/>

## Nombre Echantillons / Number of Samples

Feces parasito <input 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: \_\_\_\_\_